# Federal Grant Applications

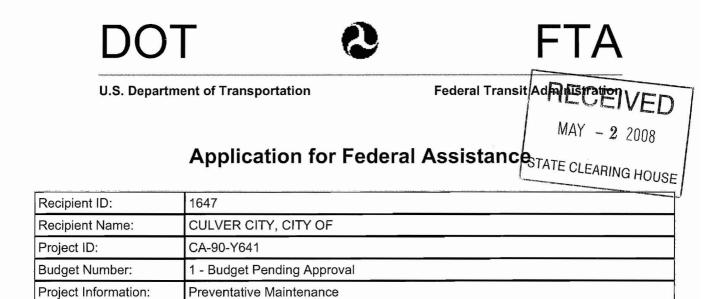
The following are Applications for Federal Assistance received by the State Clearinghouse **May 1-15**, **2008.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR	<u>.</u>		2 DATE SUDMITTED		Applicant	Version 7/03	
FEDERAL ASSISTANCE	SISTANCE		2. DATE SUBMITTED 04-11-2008		W	Applicant Identifier	
1. TYPE OF SUBMISSION:	Dro applicat	ion	3. DATE RECEIVED BY	STATE	State App	lication Identifier	
Application	Pre-application  Construction  4. DATE RECEIVE		4. DATE RECEIVED BY	FEDERAL AGENCY Federal Identifier		entifier	
☐ Construction  ✓ Non-Construction	☑ Construct ☑ Non-Cons		4-11-200	×.	96 0 mm/m 86 20mm 44 000		
5. APPLICANT INFORMATION	Non-Cons	truction					
Legal Name:				Organizationa	l Unit:		
Siskiyou County Economi	ic Developmer	t Council	DOLLAR.	Department:			
Organizational DUNS: 187670336		- DESCRIPTION OF THE PERSON OF	A M. M. MARROWS PROCESS	Division:			
Address:		BE	CEIVED			f person to be contacted on matters	
Street: 1512 S. Oregon Street		11 11 1111		involving this application (give area code)  Prefix: First Name:			
		M	AY 1 2008		Tonya		
City: Yreka				Middle Name			
County: Siskiyou		STATE	CLEARING HOUSE	Last Name Dowse			
State: CA	Zip Code 96097		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Suffix:			
Country: USA	90097			Email:			
6. EMPLOYER IDENTIFICATIO	N NIIMBED /	⊏(Λ/)·		tonya@siskiyo Phone Number		Fax Number (give area code)	
		=114).		530-842-1638	(give area code)	530-842-2685	
68_0062634 8. TYPE OF APPLICATION:					DI ICANT: (See	back of form for Application Types)	
New	. IT co	ntinuation	Revision		9 9 162	back of form for Application Types)	
If Revision, enter appropriate lette	er(s) in box(es		i i Revision	EDC-Non Profit	t)		
(See back of form for description	of letters.)		П	Other (specify)			
Other (specify)				9. NAME OF F	EDERAL AGENC	V: USDA, Rural Development	
10. CATALOG OF FEDERAL D	OMESTIC AS	SISTANC	E NUMBER:	11. DESCRIPT	IVE TITLE OF AP	PLICANT'S PROJECT:	
10-769				keting Technical A	ssistance for Shared Use Commercial		
TITLE (Name of Program): Rural Business Enterprise Grant Program (RBEG)			Kitchen				
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):			1		c		
Yreka, California, Siski						*	
13. PROPOSED PROJECT			14. CONGRES	SIONAL DISTRIC	TS OF:		
Start Date: 05-01-2008	Ending Date 05-31-2009			a. Applicant District 2 - W	ally Hemer	b. Project District 2 - Wally Herger	
15. ESTIMATED FUNDING:	00-01-2000					TO REVIEW BY STATE EXECUTIVE	
a Fodoral (¢			-00	ORDER 12372 I		ION/APPLICATION WAS MADE	
a. Federal 30,000			a. Yes. (K) AVAILABLE TO THE STATE EXECUTIVE ORDER 12372				
b. Applicant \$			12,600	PR	OCESS FOR REV		
c. State \$			.00	DA <sup>-</sup>	re: 4-25	-2008	
d. Local \$	Sant 100 miles - 100 miles		. 00	b. No. 🖂 PRO	OGRAM IS NOT C	OVERED BY E. O. 12372	
e. Other \$			.00	□ OR		NOT BEEN SELECTED BY STATE	
f. Program Income \$			.00		REVIEW PLICANT DELING	UENT ON ANY FEDERAL DEBT?	
g. TOTAL \$			00	F-1			
	42,600 Yes If "Yes" attach an explanation. No  18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE						
	AUTHORIZED	BY THE	SOVERNING BODY OF T			CANT WILL COMPLY WITH THE	
a. Authorized Representative					Aiddle Name		
Prefix	First Name Tonya				Middle Name		
Last Name Dowse					Suffix		
b. Title Executive Director			c. Telephone Number (give area code) 530-842-1638				
	. Signature of Authorized Representative				e. Date Signed		
Previous Edition Usable		0111	y Jour		J-7/17/2000	Standard Form 424 (Rev.9-2003)	
Authorized for Local Reproduction	1					Prescribed by OMB Circular A-102	

APPLICATION FOR			2. DATE SUBMITTED		Applicant Ide	Version 7/03
April 11, 2008		April 11, 2008			Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-appli	cation	3. DATE RECEIVED B	Y STATE	State Applica	ition Identifier
Construction	Const		4. DATE RECEIVED B		NCY Federal Ident	tifier
Non-Construction	Non-C	onstruction	4-11-20	<i>Θ</i> {		
5. APPLICANT INFORMATION Legal Name:				Organizationa	al Unit:	
Siskiyou Training and Employme	ant Program	m Inc (STEE	lnc)	Department:	at Offic.	
Organizational DUNS:	- Togra	111, 1110. (31EF	, mc.)	N/A Division:	·	
174854588		despendent per il little control contr	WANTED AND THE PARTY OF THE PAR	N/A		
Address: Street:		RE(	CLIVED		epnone number of pe application (give ar	erson to be contacted on matters ea code)
310 Boles Street			× 2000	Prefix:	First Name: Jeanne	
City: Weed		MAY	1 2008	Middle Name Lynn	Ocamic	
County: Siskiyou	70,000	STATE CL	EARING HOUSE	Last Name Hough		10 Pr
State: CA	Zip Code 96094			Suffix:		
Country:	96094			N/A Email:		
USA		D (EIA)		jhough@ncen		To New Land
6. EMPLOYER IDENTIFICATIO		R (EIN):		Control and the control of the control of	r (give area code)	Fax Number (give area code)
68-0055462				530-938-3231	N. A. C.	530-938-1499
8. TYPE OF APPLICATION:	. 17	04	D Davidston		PPLICANT: (See bac	ck of form for Application Types)
If Revision, enter appropriate letter (See back of form for description	er(s) in box	Continuation (es)	n Revision	Other (specify)	•	
	,					
Other (specify)				USDA, Rural I	EDERAL AGENCY: Development	
10. CATALOG OF FEDERAL	OMESTIC	ASSISTANC	E NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
10-769			Workplace Bo	otcamp		
TITLE (Name of Program): Rural Business Enterprise Grant	Program	(RBFG)				
12. AREAS AFFECTED BY PRO	DJECT (Ci	ties, Counties,	States, etc.):	7		
Siskiyou County						
13. PROPOSED PROJECT				The second secon	SSIONAL DISTRICTS	
Start Date: August 1, 2008	Ending August	Date: 1, 2009		a. Applicant District 2 - Wal	lly Herger	b. Project District 2 - Wally Herger
15. ESTIMATED FUNDING:						REVIEW BY STATE EXECUTIVE
a. Federal \$			00	ORDER 12372	HIS PREAPPLICATION	N/APPLICATION WAS MADE
b. Applicant \$			47,580		/AILABLE TO THE ST ROCESS FOR REVIE	MIL LALOOTTVL ONDLIN 12012
			47,668			
c. State \$			,	DA	ATE: 4-25-2	-500
d. Local \$				b. No. 🔲 PF	ROGRAM IS NOT CO	VERED BY E. O. 12372
e. Other \$			.00			OT BEEN SELECTED BY STATE
f. Program Income \$					OR REVIEW PLICANT DELINQUE	ENT ON ANY FEDERAL DEBT?
g. TOTAL' \$			95,248	☐Yes If "Yes	attach an explanatio	n. 🖸 No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY	AUTHORIZ	ZED BY THE	GOVERNING BODY OF	PLICATION/PRE THE APPLICAN	APPLICATION ARE	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF T a. Authorized Representative	TE A5515	TANCE IS AL	WARDED.			
Prefix Ms.	First Nam Jeanne	е			Middle Name Lynn	
Last Name Hough					Suffix N/A	
b. Title Executive Director			c. Telephone Number (give area code) 530-938-3231 ext. 217			
d Signature of Authorized Repr	Signature of Authorized Representative W				e. Date Signed April 11, 2008	
Previous Edition Usable Authorized for Local Reproduction	n					Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE	2. Date Submitted	Applicant Identifier 08-271		
Type of Submission:     Application Preapplication	3. Date Rec'd by State	State Application Identifier		
Construction Construction	4. Date Rec'd by Federal	Federal Identifier		
X Nonconstruction Nonconstruction	,	1. 00941108		
5. Applicant Information:	Organizational Unit: Division of Water Quality			
Legal Name and Address: (give city, county, state, and zip code)	Name and telephone of person to be cont	acted on matters		
State Water Resources Control Board	involving this application (give area code			
1001 I Street, Sacramento County	Kevin Graves			
Sacramonto, California 95814	916-341-5782			
6. Employer Identification Number (EIN): 680281986	7. Type of Applicant: (enter appropriate A. State H. Independ	letter) _A ent School District		
6. DUNS Number: 808321913		tute of Higher Learning		
8. Type of Application:	C. Municipal J. Private Un			
New _X_Revision Continuation	D. Township K. Indian To			
If Revision, enter appropriate letter(s): A	E. Interstate L. Individua			
A. Increase Award B. Decrease Award	F. Intermunicipal M. Profit Of	-		
C. Increase Duration D. Decrease Duration	G. Special District N. Other (sp	ecity)		
Other (specify)	9. Name of Federal Agency:			
10. Catalog of Federal Domestic Assistance Number 66.804	U. S. Environmental Protection Agency			
Title: State and Tribal Underground Storage Tanks Program	11. Descriptive Title of Applicant's Proj	ect:		
, rogram ,	Development and implementation of regi	ulatory programs for the		
12. Area Affected by Project:	prevention, detection, and correction of I			
(cities, counties, states, etc.)	petroleum and hazardous substances.			
State of California R-CEVET				
13. Proposed Project:	1			
Start Date Find Date MAY 0 1 2008	14. Congressional District of:			
7/1/2007 6/3/0/2009	Applicant: Project:  California - A	All		
15. ESTIMATED FUNDING: STATE CLEARING HOUSE	do. Is the application subject to review b	by the State		
TO TORMANCIPAL	Executive Order (EO) 12372 process?			
a. Federal \$458,348	a. YES: X This application/pro			
b. Applicant \$0 c. State \$167,841	available to the State EO 1 review on:	23 /2 process for		
d. Local \$0	Date: May 1	2008		
c. Other \$0	b. NO: Program is not covered by BO # 12372			
f. Program Income \$0	Program has not be			
	state for review.			
g. TOTAL \$626,189	17. Is the applicant delinquent on any Fe	xleral debt?		
	YES, attach explanation	_xNO		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL D.	ATA IN THIS APPLICATION/PREAPPI	ICATION ARE		
TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY A				
APPLICANT, AND THE APPLICANT WILL COMPLY WITH TH IS AWARDED.	IE ATTACHED ASSURANCES IF THE	ASSISTANCE		
a. Typed Name of Authorized Representative	h. Title:	c. Telephone Number		
Dorothy Rice	Executive Director	(916) 341-5615		
d. Signature of Authorized Representative		e. Date Signed:		
		5/5/2008		



# Part 1: Recipient Information

Project Number:	CA-90-Y641
Recipient ID:	1647
Recipient Name:	CULVER CITY, CITY OF
Address:	4343 Duquesne Avenue , CULVER CITY, CA 90232 3576
Telephone:	(310) 253-6500
Facsimile:	(310) 253-6513

### **Union Information**

Recipient ID:	1647
Union Name:	CULVER CITY EMPLOYEES ASSOCIATION
Address 1:	9505 W. Jefferson Blvd.
Address 2:	
City:	Culver City, CA 90232
Contact Name:	Ed Escarcega
Telephone:	(310) 253-6432
Facsimile:	
E-mail:	ed.escarcega@culvercity.org
Website:	

### Part 2: Project Information

Project Type:	Grant	Gross Project	\$227,169
		Cost:	

View Print Page 2 of 5

Project Number:	CA-90-Y641
Project Description:	Preventative Maintenance
Recipient Type:	City
FTA Project Mgr:	Charlene Lee Lorenzo 213.202.3952
Recipient Contact:	Grace Eng Nadel 310.253.6543
New/Amendment:	None Specified
Amend Reason:	Initial Application
Fed Dom Asst. #:	20507
Sec. of Statute:	5307-1
State Appl. ID:	None Specified
Start/End Date:	-
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan):	Feb. 12, 2008
Program Page:	7
Application Type:	Electronic
Supp. Agreement?:	Yes
Debt. Delinq. Details:	

Adjustment Amt:	\$0
Total Eligible Cost:	\$227,169
Total FTA Amt:	\$181,735
Total State Amt:	\$0
Total Local Amt:	\$45,434
Other Federal Amt:	\$0
Special Cond Amt:	\$0
Special Condition:	None Specified
S.C. Tgt. Date:	None Specified
S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
Fed. Debt Authority?:	No
Final Budget?:	No

#### **Urbanized Areas**

UZA ID	UZA Name
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

### **Congressional Districts**

State II	)	District Code	District Official
6		33	Diane E Watson

### **Project Details**

The total Federal Section 5307 funding requested in this grant is \$181,735 for Culver CityBus public transit funds.

5307 funding fiscal years are broken down as follows and are based on balances kept by the Los Angeles MTA.

#### FY 05 \$181,735

Culver CityBus' service area encompasses Culver City and the communities of Blair Hills, Century City, Marina Del Rey, Mar Vista, Palms, Rancho Park, Venice, West Los Angeles, and Westwood. Its service area covers approximately 40 square miles and serves a population of just under 300,000. Culver CityBus served approximately 5.8 million passengers in 2007.

Per the DOL checklist, Culver City Municipal Bus Lines is the recipient of these funds. The amount and type of funding is listed above and the proposed activity is listed below. The project will be carried out in the City of Culver City, CA by Culver City Municipal Bus Lines. The Culver CityBus service area is also served by Torrance Transit, Santa Monica's Big Blue Bus, LACMTA and the LAX Shuttle Service. Culver City's employees are represented by the Culver City Employees Association.

This grant is a request for Section 5307 funds for preventative maintenance during the FY 08 fiscal year. Per FTA requirements, the City will allocate a total of \$227,168.75 matched with \$45,443.75 in local funds. TIP ID#LA0B358.

#### **Earmarks**

#### No information found.

#### **Security**

No – We will not expend at least 1% of the 5307 funds in this grant application for security purposes.

3. Other, please describe below.

#### **Explanation**

Los Angeles county Metro currently expends at least 1% of the County's 5307 funds for security for the County's transit systems.

### Part 3: Budget

**Project Budget** 

	<u>Quantity</u>	FTA Amount	<u>Tot. Elig. Cost</u>
SCOPE			
117-00 OTHER CAPITAL ITEMS (BUS)	0	\$181,735.00	\$227,168.75
ACTIVITY			
11.7A.00 PREVENTIVE MAINTENANCETIPID#LA0B358	0	\$181,735.00	\$227,168.75
			-
	Estimated	Total Eligible Cost:	\$227,168.75
		_	
		Federal Share:	\$181,735.00
	11 6 1 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1	Local Share:	\$45,433.75

OMB Approval No. 0348-0043

APPLICATION FOR FEDERA	AL ASSISTANCE	2. Date Submitted	Applicant Identifier 08-272			
1. Type of Submission:		3. Date Rou'd by State	State Application Identifier			
Application Preapplie	cation					
Construction Con	astruction	4. Date Rec'd by Federal	Federal Identifier			
	nconstruction					
5. Applicant Information:		Organizational Unit:				
Legal Name and Address:		Division of Water Quality				
(give city, county, state, and zip code		Name and telephone of person to be contacted on matters				
State Water Resources	Control Board	involving this application (give area code):				
1001 I Street, Sacrame	nto County	Kevin Graves				
Sacramento, California	95814	916-341-5782	916-341-5782			
6. Employer Identification Number (	(ETN): 680281986	7. Type of Applicant: (enter appropriate A. State II. Independ	letter)A ent School District			
6. DUNS Number: 808321913		B. County 1. State Instit	tute of Higher Learning			
8. Type of Application:		C. Municipal J. Private Ur	niversity			
	Continuation	D. Township K. Indian Tr	ibe.			
If Revision, enter appropriate letter(s		E. Interstate L. Individua	.1			
	ecrease Award	F. Intermunicipal M. Profit Or	ganization			
C. Increase Duration D. D.	ecrease Duration	G. Special District N. Other (sp	ecify)			
Other (specify)						
Maria de la companya		9. Name of Federal Agency:				
10. Catalog of Federal Domestic Ass	istance Number	U. S. Environmental Protect	ction Agency			
66.xxx	The second section of the sect					
Title: (Under Development)	RECEIVED	11. Descriptive Title of Applicant's Proje				
	I I L C L H Harrow Beauty	The Energy Policy Act of 2005 contains				
	2 2008 -	_ Waste Disposal Act (original legislation t				
12. Area Affected by Project:	IVIAI	Storage Tank (UST) Program) to focus of				
(cities, counties, states, ctc.)		includes provisions regarding inspections	s, operator training, delivery			
State of California	STATE CLEARING HOUS	Inrohibition, secondary containment and f				
13. Proposed Project:	energiscos con La Servicia	cleanup of releases containing oxygenate	d fuel additives.			
Start Date End		14. Congressional District of:				
7/1/2008 6/3	30/2009	Applicant: Project:				
C HANDS ( A PRINCE CAN THE TAX TO		3 California - A				
15. ESTIMATED FUNDING:		16. Is the application subject to review b	y the State			
lu. 17 v de ved	#L 100 006	Executive Order (EO) 12372 process?	0.00			
a. Federal	\$1,100,000	a. YES: X_ This application/pre				
b. Applicant c. State	\$0	available to the State BO 12372 process for				
d. Local	\$380,465	review on:	2000			
e. Other	\$0	Date: May 2, 2008				
	\$0	b. NO: Program is not covered by EO # 12372				
f. Program Income	.\$0	Program has not bed	on selected by the			
- 70741	m1 400 466	state for review.	7 1110			
g. TOTAL	\$1,480,465	17. Is the applicant delinquent on any Federal debt?				
¥		YES, attach explanation	X_ ,NO			
18. TO THE BEST OF MY KNOW!	LEDGE AND BELIEF, ALL D	ATA IN THIS APPLICATION/PREAPPL	ICATION ARE			
CO 1999/2 C		UTHORIZED BY THE GOVERNING BO				
The state of the s	NT WILL COMPLY WITH TH	HE ATTACHED ASSURANCES IF THE A	SSISTANCE			
IS AWARDED.						
a. Typed Name of Authorized Repres	Hentativo	b. Title:	c. Telephone Number			
Dorothy Rice		Executive Director	(916) 341-5615			
1 0			Don Sing of			
1. Signature of Authorized Representative			e. Date Signed: 5/6/2008			
			270/2006			

Application for Federal Assistan	Application for Federal Assistance SF-424 Version 02				
	Z New Continuation *	* If Revision, select appropriate letter(s):			
have prominent and an analysis	4. Applicant Identifier:				
Completed by Grants.gov upon submission.	Hope United Methodist Churc	ch ]			
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:			
State Use Only:					
6. Date Received by State:	7. State Application	Identifier:			
8. APPLICANT INFORMATION:					
* a. Legal Name: San Diego County Hope	e United Methodist Church				
* b. Employer/Taxpayer Identification Numb	ber (EIN/TIN):	* c. Organizational DUNS:			
95-3266943		843668492 PC			
d. Address:		843668492  RECEIVED  MAY			
* Street1: 16550 Bernardo Heig	ghts Parkway	/ MAY CD /			
Street2:	STATE 2008				
* City: San Diego	AMADA MANAMATA	STATE CLEARING HOUSE			
County:	CA: California				
* State:	CA: California				
* Country:	USA: UNITED STATES				
Zip / Postal Code: 92128					
e. Organizational Unit:					
Department Name:		Division Name:			
AND					
f. Name and contact information of pers	son to be contacted on m	natters involving this application:			
Prefix:	* First Name:	Raiph			
Middle Name:					
* Last Name: Staples					
Suffix:					
Title: Board of Trustees Chair					
Organizational Affiliation:					
* Telephone Number: 619-733-1942		Fax Number:			
* Email: rstaples@epsilonsystems.com					

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
Department of Homeland Security - FEMA	
11. Catalog of Federal Domestic Assistance Number:	
97.008	
CFDA Title:	
Urban Areas Security Initiative	
* 12. Funding Opportunity Number:	
DHS-08-GDA-008-1799	
* Title:	
FY 2008 Urban Areas Security Initiative Nonprofit Security Grant Program (NSGP)	
13. Competition Identification Number:	
Title:	
	- No 1
14. Areas Affected by Project (Cities, Counties, States, etc.):	
* 15. Descriptive Title of Applicant's Project:	
This project will provide both an intrusion alarm system with video surveillance and an access control system to the church property. It	
also includes close proximity speakers to warn intruders.	
Attach supporting documents as specified in agency instructions.	
Add Attachments Delete Attachments View Attachments	

Application	Application for Federal Assistance SF-424 Version 02						
16. Congressi	onal Districts Of:						
* a. Applicant	* a. Applicant 50 * b. Program/Project 50						
Altach an addit	tional list of Program/Proje	ct Congressional Districts if n	needed.				
		Add Attachment Dela	ale Attach	ment View Attac	hment		
17. Proposed	Project:						
* a. Start Date:	08/01/2008			* b	. End Date:	11/30/2008	
18. Estimated	Funding (\$):						
* a. Federal		54,785.00					
* b. Applicant		18,275.00					
* c. State		0.00					
* d. Local		0.00					
* e. Other		0.00					
* f. Program In	come	0.00					
* g. TOTAL		73,060.00					
b. Program is subject to E.O. 12372 but has not been selected by the State for review.  c. Program is not covered by E.O. 12372.  * 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)  Yes  No  Explanation  21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)  ** I AGREE  ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.							
Authorized Re	Authorized Representative:						
Prefix:		* First Name:	Ralph				
Middle Name:							
* Last Name:	* Last Name: Staples						
Suffix:							
* Tille: Board	* Tille: Board of Trustees Chair						
* Telephone Nur	nber: 619-733-1942		T-15-A1114-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Fax Number:			
* Email: rstag	les@epsilonsystems.com	)					
* Signature of Au	thorized Representative:	Completed by Grants.gov upon su	ıbmission.	* Date Signed	Completed	by Grants.gov upo	on submission.

OMB Approval No. 0348-0043

APPLICATION FOR	FEDERAL ASSISTANCE	2. Date Submitted	Applicant Identifier			
1. Type of Submission:		3. Date Rec'd by State	State Application Identifier			
Application	Preapplication					
Construction	Construction	4. Date Rec'd by Federal	Federal Identifier			
_x_ Nonconstruction	Nonconstruction					
5. Applicant Information:		Organizational Unit:				
Legal Name and Address:		Division of Water Quality				
(give city, county, state, and	d zip code)	Name and telephone of person to be	contacted on matters			
	Resources Control Board	involving this application (give area	involving this application (give area code):			
	, Sacramento County	Steve Fagundes	•			
	California 95814	916-341-5487				
6. Employer Identification	Number (EIN): 680281986	7. Type of Applicant: (enter approp				
			pendent School District			
6. DUNS Number: 80	)8321913		Institute of Higher Learning			
8. Type of Application:			(e University			
_X New Revision		D. Township K. India				
If Revision, enter appropris	ite fetter(s):	F. Interstate L. Indiv				
A. Increase Award	B. Decrease Award	F Internunicipal M. Prof	fit Organization			
C. Increase Duration	D. Decrease Duration	G. Spacial District N. Other	er (specify)			
Other (specify)		2019. Name of Federal Agency:				
10. Catalog of Federal Dor	mestic Assistance Number AY urce Implementation Grants & CLE	U. S. Environmental F	HOUSE U. S. Environmental Protection Agency			
Title: Nonpoint So	urce Implementation Grants CLE	11. Descriptive Title of Applicant's	Project:			
	\9.	Implement and coordinate activities	Implement and coordinate activities and projects under the			
12. Area Affected by Proje	NAT:	Clean Water Act Sectaion 319(h) for	Clean Water Act, Sectgion 319(h) for funding nonpoint source			
(cities, counties, states, etc.		management projects.	a tribuil and a tribuil and a tribuil			
State of Calif		management projects:				
13. Proposed Project:	oma	<del>-  </del>				
Start Date	End Date	14. Congressional District of:				
7/1/2008	6/30/2013	Applicant: Project:				
// 1/2008	0/30/2013	3 Californ	in - A11			
15. ESTIMATED FUNDI	NG:	16. Is the application subject to revi				
13. ISTINIATED FUNDI	NO.	Executive Order (EO) 12372 process				
a. Federal	\$10,798,656	a. YES: X_ This application				
b. Applicant	\$0	available to the State B				
c. State	<b>\$</b> 7,199,104	review on:	20 123 12 process for			
d. Local	\$0		lay 2, 2008			
c. Other	\$0	<b>I</b>	covered by BO # 12372			
f. Program Income		, , , , , , , , , , , , , , , , , , , ,				
i. Frogram income		state for review	ot been scicoted by the			
g. TOTAL	\$17,997,760	17. Is the applicant delinquent on a				
g. IOIAL	\$(1,557,700	YES, attach explanation	X_NO			
18. TO THE BEST OF M	Y KNOWLEDGE AND BELLEE A	LL DATA IN THIS APPLICATION/PREA	PPLICATION ADR			
		LY AUTHORIZED BY THE GOVERNING				
		H THE ATTACHED ASSURANCES IF T				
IS AWARDED.	THE DICEMENT WITH COMMENT WIT	HITTE ATTACHED VOSUKVIACES II. I	TIT ASSISTANCE			
a. Typed Name of Authoriz	zed Representative	b. Title:	c. Telephone Number			
Dorothy Rice		Executive Director	(916) 341-5615			
d. Signature of Authorized	Panyagantuting		o Doso Signado			
a. Gignature of Withoused	rehreschtanve		e. Date Signed: 5/6/2008			
			370/2006			
			•			

APPLICATION FOR		A DATE OLIGATION			Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED 05/01/2008		Applicant Iden	Applicant Identifier	
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY STATE		.,	State Application Identifier	
Construction	Construction	4. DATE RECEIVE	D BY FEDERAL AGE	NCY Federal Identif	ler	
Non-Construction  5. APPLICANT INFORMATION	Non-Construction				man and man to the same and	
Legal Name:	A security serve transporter	in a second	Organizationa	of Unit:		
Antelope Valley Fire Protection I	District DEO		Department:	v Fire Protection Distric	w	
Organizational DUNS: 103823980	- neu	EIVED-	Division:	y File Florection Distric		
Address:	MÁÝ -	2 2008	Name and tel	aphone number of pe	rson to be contacted on matters	
Street: 51 Shop Road		2 2000	involving this Prefix:	Application (give area	a code)	
Citizen	STATE CLEA	RING HOUSE	Mrs. Middle Name	Denea		
City: Coleville	The state of the s					
Mono	191		Last Name Sharlock			
State: California	Zip Code 96107		Suffix:			
Country: US	2000		Email: gotscott2@ya	hoo.com	9	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):			t (give area code)	Fex Number (give wea code)	
77-0358286			530-495-2124		530-495-2900	
8. TYPE OF APPLICATION:	<b></b> .		7. TYPE OF A	PPLICANT: (See back	of form for Application Types)	
If Revision, enter appropriate letter		n 🗓 Revision	G. Special Dia	trict	:	
If Revision, enter appropriate lett (See back of form for description	of letters.)		Other (specify)			
Other (specify)			9. NAME OF F	EDERAL AGENCY:		
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:		TIVE TITLE OF APPLIC	CANT'S PROJECT:	
100 0 1000 X					ne, 4x4 Fire Rescue Pumper, 6	
TITLE (Name of Program):		المالمال	→ crew enclosed	I cab, with 5 SCBA sea	ts.	
12. AREAS AFFECTED BY PRO	OJECT (Cities, Counties	. States, etc.):				
Walker, Coleville, Topaz, of Mor	Distriction of the American Court of					
13. PROPOSED PROJECT				SSIONAL DISTRICTS	OF:	
Start Date: 05/10/2008	Ending Date: 05/10/2008		a. Applicant 25th McKeon		b. Project 25th McKeon	
16. ESTIMATED FUNDING:	00/10/2000		16. IS APPLIC	ATION SUBJECT TO	REVIEW BY STATE EXECUTIVE	
a. Federal \$			ORDER 12372		VAPPLICATION WAS MADE	
b. Applicant \$		149,000	a. Yes. MZ. A		ATE EXECUTIVE ORDER 12372	
		50,000		ATE: 05/02/2008		
c. State \$	V	<u> </u>	1,000			
d. Local \$		0	D. NO. 11.3	ROGRAM IS NOT COV	74 8	
e. Other 5		ο '	L FC	OR REVIEW	T BEEN SELECTED BY STATE	
f. Program Income 5		.20	17. IS THE AF	PLICANT DELINQUE	NT ON ANY FEDERAL DEBT?	
150,000			0000000			
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE	GOVERNING BOD'				
a. Authorized Representative				Middle Name		
Prefix Mrs.	First Name Denea					
Last Name Sherlock		IN SECTOR		Suffix	T	
b. Title Admininstrator				c. Telephone Number 530-495-2900	(give area code)	
d. Signature of Authorized Repre	sentation hale			e. Date Signed 05/01/2008		
Previous Edition Usable					Standard Form 424 (Rev.9-2003)	

Authorized for Local Reproduction

MB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE		2. Date Submitted	Applicant Identifier 08-270		
Type of Submission:     Application Preapplication		3. Date Rec'd by State	State Application Identifier		
Construction	Construction	4. Date Rec'd by Federal	Pederal Identifier		
X Nonconstruction	Nonconstruction				
5. Applicant Information:		Organizational Unit:			
Legal Name and Address:		Division of Water Quality  Name and telephone of person to be con	ntocred on matters		
(give city, county, state, and zip co		involving this application (give area coo			
State Water Resource		Kevin Graves	ic).		
1001 I Street, Sacra		916-341-5782			
Sacramento, Califor	TIM 93614				
6. Employer Identification Numb	ct (EIN): 680281986		dent School District		
6. DUNS Number: 8083219	13		titute of Higher Learning		
8. Type of Application:		C. Municipal J. Private t			
_X_ New Revision		D. Township K. Indian			
If Revision, enter appropriate lette		E. Interstate L. Individu			
A. Increase Award B		F. Intermunicipal M. Profit C			
C. Increase Duration D		G. Special District N. Other (8	specity)		
Other (specify)		9. Name of Federal Agency:			
10. Catalog of Federal Domestic	Assistance Number	U. S. Environmental Prot	ection Agency		
66.805	d Chang as 'Caula Tours Found	11. Descriptive Title of Applicant's Pro	leer:		
-	nd Storage Tank Trust Fund	Continue to develop and implement off			
Program	RECEIVED	for the prevention, detection, and correct			
12. Area Affected by Project:	of M. Deeley, and St. December C. Dr. Streets West	lcaking UST systems containing petrole			
(cities, counties, states, etc.) MAY - 2 2008		1 1	regulated under the Resource Conservation and Recovery Act		
State of California		(RCRA) Subtitle I.	en veri, som en skar en skar skar skar skar skar sjere i skar skar s		
13. Proposed Project:	STATE CLEARING HOL		·		
Start Date E	nd Date	14 Congressional District of:			
7/1/2008	6/30/2011	Applicant: Project:  3 California -	Δ11		
15. ESTIMATED FUNDING:		16. Is the application subject to review			
13. ESTAVIRLES FORDING.		Executive Order (EO) 12372 process?			
a. Federal	\$4,926,604	a. YES: _X_ This application/p	reapplication was made		
b. Applicant	\$0	available to the State EO 12372 process for			
c. State	\$738,272	review on:			
d. Local	\$0	Date: May	2, 2008		
e. Other	\$0	b. NO: Program is not co	vered by EO # 12372		
f. Program Income	\$0	Program has not been selected by the			
		state for review.	state for review.		
g. TOTAL	\$5,664,876	17. Is the applicant delinquent on any I	dederal debt?		
		YES, attach explanation	XNO		
18. TO THE BUST OF MY KNO	WLEDGE AND BELIEF, ALL I	DATA IN THIS APPLICATION/PREAPP	LICATION ARE		
		AUTHORIZED BY THE GOVERNING B			
		HE ATTACHED ASSURANCES IF THE			
a. Typed Name of Authorized Re	orcsentative	b. Title:	c. Telephone Number		
Dorothy Rice		Executive Director	(916) 341-5615		
d. Signature of Authorized Repre-	sentative		e. Date Signed:		
	THEORET ST		5/6/2008		

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUB	MITTED	Applicant Identi	
SF 424 (R&R)	3. DATE REC	EIVED BY STATE	State Application	
1, * TYPE OF SUBMISSION	<u> </u>			
☐ Pre-application ☑ Application ☐ Changed/Corrected Application	DE-FG02-06E	entifier R46314 Supplemental		
5. APPLICANT INFORMATION		* Organizations	O94878394	
* Legal Name: The Regents of the University of Californ	nla	-		The state of the s
Department: Office of Research	Division;			RECEIVED
* Street1: 3227 Cheadle Hall	Street2: U	Iniversity of California		
* City: Santa Barbara Cou	unty: Santa Bart	bara	* State: CA: Californ	-1 MAY $-5$ 2008
Province:	* Country: JNIT	ED S1 * ZIP / Postal Code:	93106	STATE CLEADING
Person to be contacted on matters involving this applical	ition			STATE CLEARING HOUSI
Prefix: * First Name;	Middle Name:	*	Last Name:	Suffix:
Ms. Cara		E	gan-Willams	
^ Phone Number: 805-893-8809 Fa	ax Number: 80	5-893-2611	Email: egenwilliams	@research.ucab.edu
8. EMPLOYER IDENTIFICATION (EIN) or (TIN):	****	7. * TYPE OF APPLICANT	<u> </u>	
95-6006145W		H: Public/Sta	ite Controlled Institution	of Higher Education
8. * TYPE OF APPLICATION: New		Other (Specify):	-	-
Resubmission Renewal Continuation F	Revision	Women Owned	mail Buelness Organizati Socially s	lon Typa and Economically Disadvantaged
If Revision, mark appropriate box(es).	,	9. " NAME OF FEDERAL A	GENCY:	***************************************
A. Increase Award B. Decrease Award C. Inc	crease Duration	Chicago Service Center		
D. Decrease Duration 📝 E. Other (specify): Supplen	nental	10. CATALOG OF FEDERA	AL DOMESTIC ASSISTA	ANCE NUMBER:
* Is this application being submitted to other agencies?	Yes No	81.049		
What other Agencies?		TITLE: Office of Science	Financial Assistance Pro	ogram
11, * DESCRIPTIVE TITLE OF APPLICANT'S PROJEC			MIT of a Piloton	
Miniaturized Hybrid Materials Inspired by Nature			in page are to receive	
12. " AREAS AFFECTED BY PROJECT (cities, countie	s, states, etc.)			V V (* Tythah) of the last of as a
U.S.			a a	
13. PROPOSED PROJECT:		14. CONGRESSIONAL DIS	TRICTS OF:	
Start Date * Ending Date	_	a. * Applicant b. * Project		
08/01/2008 07/31/2009		CA-023	CA-023	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR				
Prefix: *First Name; Dr. Cyrus	Middle Name: R.		.ast Name; ifinya	Suffix:
Position/Title: Professor	* Organization		e University of California	· W18:/About
Department: Materials Research Laboratory	Division:	The Regents of the	e dinversity of Camornia	
Street1: MRL, 5121		I in in country at California	OPLANA AM	]
On Canalian On Canalian				
Fare-water	-		State: CA: Callfor	<u>"</u>
PE)	x Number: 8058	8938797	* Email:  saflnya@mrl.	.ucso.eou

OMB Number; 4040-0001

Expiration Date: 04/30/2008

SF 424 (R&R) APPLIC ON FOR FEDERAL ASSISTANCE

8058932611

Page 2

18. ESTIMATED PROJECT FUNDING	•	17	7. * IS APPLICATION ORDER 12372 PRO		REVIEW BY STATE EXE	CUTIVE
a. ^ Total Estimated Project Funding b. ~ Total Federal & Non-Federal Funds c. ~ Estimated Program Income	200,000.00 200,000.00 0.00		AVAILABLE PROCESS  DATE: 05/05/2008  NO PROGRAM	FOR REVIEW	PPLICATION WAS MADE E EXECUTIVE ORDER 1 DN: RED BY E.O. 12372; OR	2372
18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)   * I agree  * The list of certifications and assurances, or an internal allo where you may obtain this list, is contained in the ennouncement or agency specific instructions.						
19. Authorized Representative						
Prefix: "First Name: Middle Name:				* Last Name:		Suffix:
Ms. Cara				Egan-Williams		
* Position/Title: Sponsored Projects Officer * Organizat			The Regents of the I	Iniversity of Call	fornia	
Department: Office of Research Division;						_
* Street1: 3227 Cheadle Hall	2.00	Street2:	University of Californ	ia	_	
City: Santa Berbere	Count	y: Santa Barbara	3	* State:	CA: Califor	i
Province:	* Cc	ountry: JNITED	S1 ZIP / Postal	Code: 93106	<u>'</u>	
* Phone Number: 805-893-8809		umber: 805-693	ultime"	* Email: pi	roposels@research.ucsb	.edu
* Signature of Authorized Representative * Date Signed  Completed on submission to Grants.gov Completed on submission to Grants.gov						
20. Pre-application				ad Artickinjert.	Deicte Attachermi	as (VII delta as)
21. Attach an additional list of Proje	ct Congressional	Districts if need	ed.			
I - ···································		PROBLEM TO A CONTROL OF THE	achment Mew Allaci	mont		

OMB Approval No. 0348-0043

APPLICATION FOR I	FEDERAL ASSISTANCE	2. Date Submitted	Applicant Identifict		
1. Type of Submission:	<u> </u>	3. Date Rec'd by State	State Application Identifier		
Application	Preapplication				
Construction	Construction	4. Date Rec'd by Federal	Federal Identifier		
X_ Nonconstruction	Nonconstruction	<b>E</b>	· .		
5. Applicant Information:	<u> </u>	Organizational Unit:			
Legal Name and Address:		Division of Water Quality			
(give city, county, state, an		Name and telephone of person to be			
	Resources Control Board	involving this application (give area	code).		
	, Sacramento County	Liz Haven			
Sacramento,	California 95814	(916) 341-5573			
6. Employer Identification	Number (EIN): 680281986	7. Type of Applicant: (enter approp	riate letter)A ependent School District		
6. DUNS Number: 80	08321913	B. County J. State	Institute of Higher Learning		
8. Type of Application:		C. Municipal J. Priva	ite University		
X New Revision	Continuation	D. Township K. Indi	an Tribe		
If Revision, enter appropria	ate letter(s):	B. Interstate L. India	vidual RECE		
A. Increase Award	B. Decrease Award		fit Organization		
C. Increase Duration		G. Special District N. Other	er (specify)		
Other (specify)	·	O. Name of Grand America	ridual RECEIVE  MAY -5-2008		
10. Catalog of Federal Dor	magic Agrictures Number	9. Name of Federal Agency:	Protection Agency E CLEARING HOUSE		
66.419	mestic Assistance Number	C. S. Elly Tolline Mai 1	Total Agency CLEARING HOLL		
	ion Control State and Interstate	11. Descriptive Title of Applicant's	Project:		
Program St		Descriptive time of hippive			
		To protect and improve California's	surface waters in the		
12. Area Affected by Proje	pot:	implementation of water quality laws in the California Porter-Cologne			
(cities, counties, states, etc.)		Water Quality Control Act and the federal Clean Water Act (CWA).			
State of Calif	ornia				
13. Proposed Project:					
Start Date	End Date	14. Congressional District of:			
7/1/2008	6/30/2011	Applicant: Project:			
15. ESTIMATED FUNDI	N/C	3 Californ  16. Is the application subject to rev			
13. ESTIMATED FUNDII	NG:	Executive Order (BO) 12372 proces	E POST DELENS E		
a. Federal	\$45,521,982		on/preapplication was made		
b. Applicant	\$0	available to the State I			
c. State	\$26,722,158	review on:	DO 12372 process for		
d. Local	\$0		lay 5, 2008		
e. Other	\$0		covered by EO # 12372		
f. Program Income	\$0		ot been selected by the		
-		state for review	•		
g. TOTAL	\$72,244,140	17. Is the applicant delinquent on a	ny Federal debt?		
		YES, attach explanation	XNO		
10 TO OUR DECT OF A	WYON COCK AND DELLOD AND	DATE OF THE ABOUT OF THE PARTY	ANN ICH TION AND		
		L DATA IN THIS APPLICATION/PREA Y AUTHORIZED BY THE GOVERNING			
_		THE ATTACHED ASSURANCES IF T			
IS AWARDED.	ZELPICYZIAŁ AMINICOMILTE MILLI	THE ATTACHED ASSOCANCES IF T	ME AGGINACE		
a. Typed Name of Authoriz	ed Representative	b. Title:	c. Telephone Number		
Dorothy Rice		Executive Director	(916) 341-5615		
d. Signature of Authorized	Representative		e. Date Signed:		
		,	May 5, 2008		





FTA

U.S. Department of Transportation

Federal Transit Administration

RECEIVED

MAY - 5 2008

STATE CLEARING HOUSE

# **Application for Federal Assistance**

Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Project ID:	CA-04-0075-00
Budget Number:	1 - Budget Pending Approval
Project Information:	Purchase buses

# Part 1: Recipient Information

Project Number:	CA-04-0075-00
Recipient ID:	5566
Recipient Name:	LOS ANGELES COUNTY METROPOLITAN TRANSPORTATION AUTHORITY
Address:	ONE GATEWAY PLAZA , LOS ANGELES, CA 90012 2932
Telephone:	(213) 922-2459
Facsimile:	(213) 922-2476

## **Union Information**

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	
City:	LOS ANGELES, CA 90020 0000
Contact Name:	CHERYL PARISI
Telephone:	(213) 487-9887
Facsimile:	(213) 487-9890
E-mail:	cheryl@afscme36.org
Website:	

Recipient ID:	5566
Union Name:	AFSCME

Telephone:	(714) 828-0703
Facsimile:	(714) 828-0571
E-mail:	TCU1315@aol.com
Website:	

Recipient ID:	5566
Union Name:	AFSCME
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	
City:	LOS ANGELES, CA 90020
Contact Name:	SUSAN GREENWOOD
Telephone:	(213) 487-9887
Facsimile:	(213) 487-9890
E-mail:	susan@afscme36.org
Website:	

V-0-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	
Recipient ID:	5566
Union Name:	AFSCME
Address 1:	514 Shatto Place, 3rd Floor
Address 2:	
City:	LOS ANGELES, CA 90020
Contact Name:	MARSHA STEINBERG
Telephone:	(213) 487-9887
Facsimile:	(213) 487-9890
E-mail:	marsha@afscme36.org
Website:	

Recipient ID:	5566
Union Name:	TEAMSTERS, LOCAL 911
Address 1:	3202 E. WILLOW STREET
Address 2:	
City:	LONG BEACAH, CA 90806
Contact Name:	JOHN DAVIS
Telephone:	(562) 595-4518
Facsimile:	(562) 427-7298
E-mail:	JDavis@teamsters911.com
Website:	

Address 2:	
City:	ANAHEIM, CA 92804
Contact Name:	DARRYL HENDERSON
Telephone:	(714) 828-0703
Facsimile:	(714) 828-0571
E-mail:	TCU1315@AOL.COM
Website:	

Recipient ID:	5566
Union Name:	TRANSPORTATION COMMUNICATIONS UNION
Address 1:	2903 LYNROSE DRIVE
Address 2:	
City:	ANAHEIM, CA 92804
Contact Name:	JEWEL JUNIOR
Telephone:	(714) 828-0703
Facsimile:	(714) 828-0571
E-mail:	TCU1315@AOL.COM
Website:	

Recipient ID:	5566
Union Name:	TRANSPORTATION COMMUNICATIONS UNION
Address 1:	2903 LYNROSE DRIVE
Address 2:	
City:	ANAHEIM, CA 92804
Contact Name:	OLIVIA NELSON
Telephone:	(714) 828-0703
Facsimile:	(714) 828-0571
E-mail:	TCU1315@AOL.COM
Website:	

Recipient ID:	5566
Union Name:	TRANSPORTATION COMMUNICATIONS UNION
Address 1:	2903 LYNROSE DRIVE
Address 2:	
City:	ANAHEIM, CA 92804
Contact Name:	KAREN PEDINI
Telephone:	(714) 828-0703

Recipient ID:	5566
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	LOCAL 1563 (DIV. 1, 2, 9)
Address 2:	15999 CYPRESS AVENUE
City:	IRWINDALE, CA 91706
Contact Name:	ROBERT GONZALEZ
Telephone:	(626) 962-9980
Facsimile:	(626) 962-8079
E-mail:	UTUjaw@earthlink.net
Website:	

Recipient ID:	5566
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	LOCAL 1607 (DIV. 3, 6, 10)
Address 2:	15999 CYPRESS AVENUE
City:	IRWINDALE, CA 91706
Contact Name:	ENRIQUE ORTEGA
Telephone:	(626) 962-9980
Facsimile:	(626) 962-8079
E-mail:	UTUjaw@earthlink.net
Website:	

Recipient ID:	5566
Union Name:	UNITED TRANSPORTATION UNION
Address 1:	LOCAL 1565 (DIV. 7, 11, 15, 20
Address 2:	15999 CYPRESS AVENUE
City:	IRWINDALE, CA 91706
Contact Name:	CHARLES SQUARE
Telephone:	(626) 962-9980
Facsimile:	(626) 962-8079
E-mail:	UTUjaw@earthlink.net
Website:	

Recipient ID:	5566
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	3200 WILSHIRE BOULEVARD
Address 2:	SUITE 1100

Townson to the second of the s	DSheldon@atu1277.com
Website:	

- Continue of the second secon	Control of the Miles of the Control
Recipient ID:	5566
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	LOCAL 1277
Address 2:	3200 WILSHIRE BOULEVARD
City:	LOS ANGELES, CA 90010 1315
Contact Name:	NEIL SILVER
Telephone:	(213) 383-1277
Facsimile:	(213) 487-7350
E-mail:	NSilver@atu1277.com
Website:	
City: Contact Name: Telephone: Facsimile:	LOS ANGELES, CA 90010 1315 NEIL SILVER (213) 383-1277 (213) 487-7350

# Part 2: Project Information

Project Type:	Grant	Gross	Project Cost:	\$3,600,0
Project Number:	CA-04-0075-00	Adjus	ment Amt:	
Project Description:	Purchase buses	Total	Eligible Cost:	\$3,600,0
Recipient Type:	Transit Authority	Total	FTA Amt:	\$882,1
FTA Project Mgr:	Ray Tellis (213) 202-3956	Total	State Amt:	entre la companya de
Recipient Contact:	Richard Christie (213) 922	-Total	Local Amt:	\$2,717,8
- Conpioni Comaci:	6022	Other	Federal Amt:	
New/Amendment:	None Specified	Speci	al Cond Amt:	
Amend Reason:	Initial Application			
		Speci	al Condition:	None Specified
Fed Dom Asst. #:	20500	<del> </del>	gt. Date:	None Specified
Sec. of Statute:	5309-2		ff. Date:	None Specified
State Appl. ID:	None Specified	ļ	blig Date:	None Specified
Start/End Date:	Jun. 30, 2008 - Dec. 30, 2	ф <u>я</u> т	ward	
Recvd. By State:	Apr. 23, 2008	Autho		No
EO 12372 Rev:	YES	Fed. [	ebt Authority?:	No
Review Date:	Nov. 29, 2007	Final	Budget?:	No
Planning Grant?:	NO	Samuente	<del>                                     </del>	
Program Date (STIP/UPWP/FTA Prm Plan) :	Oct. 02, 2006			
Program Page:	3 and 4			

APPLICATION FOR					OMB Approval No. 0348-0043	
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED May 8	, 2008	Applicant identifier		
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE		State Application id	lentifler	
Application Construction	Preapplication Construction Non-Construction	4. DATE RECEIVED BY FEDERAL AGENC		Federal Identifier		
Non-Construction  5. APPLICANT INFORMATION	Non-Construction			<del></del>		
Legal Name: Clc Brawley Pioneer	 s. L.P.		Organizational Unit: N/A			
Address (give city, county, Stele, and z/p code):					be contacted on matters involving	
5993 Avenida Encina Carlsbad, CA 92008	•		this application (give s Jordan Penn	(760) 456- ———		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropris		
26-2554	0 3 3		A. State			
8. TYPE OF APPLICATION:	v Continuation	Revision	B. County C. Municipal	State Controlled I     Frivate University     K. Indian Tribe	Institution of Higher Loarning Y	
If Revision, enter appropriate letter(s) in box(es)			D. Township E. Interstate F. Intermunicipal	L. Individual M. Profit Organizat	ion	
	troase Award C. Increas	ae Duration	G. Special District	N. Other (Specify)	Ltd Partnership	
	, <b>v</b> ,		9. NAME OF FEDER			
IN AUTURE AT 1 5			7		ent of Adrigiture	
ļ		1 0 - 4 0 5	Brawley Pioneer	s Apartments		
TITLE: Farm Labor		<del></del>	(new aπordable i	multifamily const	RECEIVED	
12. AREAS AFFECTED BY PR	-	lates, otc.):			, LEOLIVE	
Imperial County, Californ	ia 				<u>MAY - 8 2008</u>	
13. PROPOSED PROJECT	14. CONGRESSIONAL D	ISTRICTS OF:			STATE GLEARING HOUS	
Start Date	a. Applicant	Oth	b, Project	51st		
15. ESTIMATED FUNDING:	<u>_</u>		16. IS APPLICATION		IEW BY STATE EXECUTIVE	
			ORDER 12372 P			
a. Federal	3,000,		. VEG. THE BRE		ICATION MARK MADE	
b. Applicant Tax cred:		000	a. YES, THIS PREAPPLICATION/AF		EXECUTIVE ORDER 12372	
C Dafamad Dave		960	PROCESS	FOR REVIEW ON:		
c. State AHP - FHL Bank	375,	000	DATE	May 8, 200	8	
d. Local City of Brawley	s	<u> </u>				
o. Other Permanent Loan	\$ 1,136,	455	b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372 ☐ OR PROGRAM HAS NOT BEEN SELECTED BY STA			
f. Program Income	\$	bo	<b></b> _			
g. TOTAL	\$	00	<b>-1</b>		N ANY FEDERAL DEST?	
	_13,191,		(	attach an explanati		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE G	OVERNING BODY OF T				
a. Type Name of Authorized Roj		b. Title		c. Talophone Numb		
Jack K. Jaynes		Pres. / Exec. Dire	ctor - PSCDC	(858) 847-028	0	
d. Signature of Authorized Ropre	eseniative -			e. Date Signed	8108	
Provious Edition Usable					d Form 424 (Rev. 7-97)	

Prescribed by OMB Circular A-102

Authorized for Local Reproduction

APPLICATION FOR					OMB Approval No. 0348-0043
FEDERAL ASSISTANCE		2. DATE SUBMITTED May 7, 2008		Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Ide	RECEIVEL
Application Construction	Preapplication  Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	I Assess V Issues I W Issues I as
Non-Construction	Non-Construction	- DATE RESERVES ST	I EBEIOTE MOLITO		MAY - 8 2008
8. APPLICANT INFORMATION				·	
Legal Name: CIC Calexico Andrad	le, L.P.		Organizational Unit: N/A		STATE CLEARING HOU
Addross (give city, county, State,	and zip code):		1		e contacted on matters involving
5993 Avenida Encina	s, Suite 101		this application (give a Jeff Ragiand	<sub>гев соде)</sub> (760) 456-6(	000 ×160
Carlsbad, CA			Jen Ragiana	(100) 400-01	000 X100
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriat	te letter in box)
26-2557	3 4 7		A. State	H. Independent Scho	ool Dist.
8. TYPE OF APPLICATION:			B. County	•	stitution of Higher Loaming
☑ New	Continuation	Revision	C. Municipal	J. Privato University	
If Revision, enter appropriate lett	er(s) in box(es)	1 1 -	D. Township E. Intorstate	K. Indian Tribe L. Individual	
			F. Intermunicipal	M. Profit Organizatio	
A. Increase Award B. Dec	rease Award C, increase	Duration	G. Special District	71: "7	
D. Decrease Duration Other(s	specify):		WINDE- for profit as General Partner,		
			9. NAME OF FEDERA	AL AGENCY:	´
		· ·	Rural Housing Se	ervice, Departme	nt of Agriculture
10. CATALOG OF FEDERAL DO	DMESTIC ASSISTANCE NU	IMBER:	11. DESCRIPTIVE TI	TLE OF APPLICANT	'S PROJECT:
<u> </u>		10-405	Calexico Andrade		
TITLE: Farm Labor	Housing Loans		(new affordable multifamily construction)		
17 ANGAS ASSECTED BY NOC	TIPOT (CALLE OL 1 SOL	h		51st	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIE	W BY STATE EXECUTIVE
P		780	ORDER 12372 PR	OCESS?	
uSDA 514 Loan	\$ 3,000,000	· ~	A VES THIS PREA	APPLICATION/APPLIC	CATION WAS MADE
b. Applicant Tax credi	ts.	.00			ECUTIVE ORDER 12372
Deferred Dev. Fe	e 7,054,16	6		FOR REVIEW ON:	
c. State AHP-FHL Bank	295,000	•	DATE 1	May 8, 200	8
d. Local	\$	.40			•
		00		M IS NOT COVERED	
o. Olher Permanent Loan	615,95	•	OR PROG		IN SELECTED BY STATE
f. Program Income	\$	40	FORKEV	1000	
			17. IS THE APPLICAN	IT DELINQUENT ON	ANY FEDERAL DEBT?
g. TOTAL	\$ 10,965,124	4 0	☐ Yes #"Yes," #	attach an explanation	n. 🔽 No
18. TO THE BEST OF MY KNOW	VLEDGE AND BELIEF, ALL	DATA IN THIS APPLIC	ATION/PREAPPLICAT	ION ARE TRUE AND	CORRECT, THE
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF 1	AUTHORIZED BY THE GO	VERNING BODY OF THI	E APPLICANT AND TH	IE APPLICANT WILL	COMPLY WITH THE
a. Type Name of Authorized Repr	resentativo	D. Title		c. Telephone Numbe	г
Jack K. Jaynes		Pres. / Exec. Direct	tor - PSCDC	(858) 847-0280	"
d. Signature of Authorized Repres	sentative			e. Date Signed	15
Previous Edition Usable				J/B/o	Earm 424 (Rev. 7-97)

Application  Application  Construction  Non-Construction	Preapplication Construction Non-Construction	3. DATE RECEIVE	D BY STATE	State Application	RECEIVED
6. APPLICANT INFORMATION					WAT 8 2000
Legal Name:	fa I D		Organizational Unit: N/A		
CIC Arvin Family Ap				number of person to	STATE CLEARING HOUSE be contacted on matters involving
5993 Avenida Encina Carlsbad, CA 92008		this application (give s Jeff Ragland	ares code)	-6000 x160	
6. EMPLOYER IDENTIFICATIO		7. TYPE OF APPLICA	ANT: (anter appropri	N	
8. TYPE OF APPLICATION:  New If Rovision, enter appropriate let A. Increase Award D. Decrease Duration  Other	Revision  Be Duration	C. Municipal D. Township E. Interstate F. Intermunicipal G. Spocial District	D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Spocial Diatrict N. Other (Specify) Ltd Partnership		
			Rural Housing S	ervice Departm	ent of Aariculture
πτι <u>έ:</u> Rural Renta	l Housing Program for	1 0 — 4 1 New Construction	11. DESCRIPTIVE TI  Arvin Family Apa	TLE OF APPLICAN	
πτι <u>έ:</u> Rural Renta	l Housing Program for	1 0 — 4 1 New Construction	11. DESCRIPTIVE TI  Arvin Family Apa	TLE OF APPLICAN	T'S PROJECT:
TITLE: Rural Renta	l Housing Program for	1 0 — 4 1 New Construction ates, etc.):	11. DESCRIPTIVE TI  Arvin Family Apa	TLE OF APPLICAN	T'S PROJECT:
TITLE: Rural Renta  12. AREAS AFFECTED BY PRO Kern County, California  13. PROPOSED PROJECT  Start Date Ending Dato	1 Housing Program for DJECT (Cities, Counties, St. 14. CONGRESSIONAL DI 2. Applicant	1 0 — 4 1  New Construction  ates, etc.):	11. DESCRIPTIVE TI  Arvin Family Apa	TLE OF APPLICAN artments multifamily cons	T'S PROJECT:
TITLE: Rural Renta  12. AREAS AFFECTED BY PRO Kern County, California  13. PROPOSED PROJECT  Start Date Ending Dato 10/1/08 6/1/09	Housing Program for DJECT (Cities, Counties, St.	1 0 — 4 1  New Construction  ates, etc.):	11. DESCRIPTIVE TI Arvin Family Apa (new affordable I	TLE OF APPLICAN artments multifarnily cons	T'S PROJECT:
TITLE: Rural Renta  12. AREAS AFFECTED BY PRO Kern County, California  13. PROPOSED PROJECT  Start Date Ending Dato 10/1/08 6/1/09  16. ESTIMATED FUNDING:  a. Federal USDA 515 / HOM  b. Applicant Tax cred	1 Housing Program for DJECT (Cities, Counties, Sull 14. CONGRESSIONAL DI 2. Applicant 50	New Construction  Aless, etc.):  ISTRICTS OF:  Oth  OOO  DO  DO  DO  OO  OO  OO  OO  OO	b. Project  16. IS APPLICATION ORDER 12372 PE  a. YES. THIS PREAVAILABLE	TLE OF APPLICAN artments multifarnily cons  22nd I SUBJECT TO REV ROCESS?  APPLICATION/APP E TO THE STATE E	T'S PROJECT:  (ruction)  //EW BY STATE EXECUTIVE  LICATION WAS MADE  EXECUTIVE ORDER 12372
TITLE: Rural Renta  12. AREAS AFFECTED BY PRO Kern County, California  13. PROPOSED PROJECT  Start Date Ending Dato 10/1/08 6/1/09  15. ESTIMATED FUNDING:  a. Federal USDA 515 / HOM b. Applicant Tax cred c. State	1 Housing Program for DJECT (Cities, Counties, St. 14. CONGRESSIONAL DI a. Applicant 50	1 0 — 4 1  New Construction ates, etc.):  ISTRICTS OF:  Oth  000  045	b. Project  16. IS APPLICATION ORDER 12372 PE AVAILABLE PROCESS	TLE OF APPLICAN artments multifarnily cons  22nd SUBJECT TO REV ROCESS?  APPLICATION/APPL E TO THE STATE E FOR REVIEW ON:	T'S PROJECT:  (ruction)  VIEW BY STATE EXECUTIVE  LICATION WAS MADE EXECUTIVE ORDER 12372
TITLE: Rural Renta  12. AREAS AFFECTED BY PRO Kern County, California  13. PROPOSED PROJECT  Start Date Ending Dato 10/1/08 6/1/09  16. ESTIMATED FUNDING:  a. Federal USDA 515 / HOM: b. Applicant Tax cred: c. Deferred Dev c. State AHP / MHP	1 Housing Program for OJECT (Cities, Counties, Sure 14. CONGRESSIONAL DI 2. Applicant 50	1 0 — 4 1 New Construction ales, etc.):  ISTRICTS OF:  000 045 821	b. Project  16. IS APPLICATION ORDER 12372 PE AVAILABLE PROCESS	TLE OF APPLICAN artments multifarnily cons  22nd I SUBJECT TO REV ROCESS?  APPLICATION/APP E TO THE STATE E	T'S PROJECT:  (ruction)  VIEW BY STATE EXECUTIVE  LICATION WAS MADE EXECUTIVE ORDER 12372
TITLE: Rural Renta  12. AREAS AFFECTED BY PRO Kern County, California  13. PROPOSED PROJECT  Start Date Ending Dato 10/1/08 6/1/09  16. ESTIMATED FUNDING:  a. Federal USDA 515 / HOM! b. Applicant Tax cred: & Deferred Dev c. State AHP / MHP d. Local  a. Other Permanent Loan	1 Housing Program for OJECT (Cities, Counties, Sure 14. CONGRESSIONAL DISTRIBUTION STATES STA	1 0 — 4 1 1 New Construction ates, etc.):  ISTRICTS OF:  000 045 821 00 320	b. Project  16. IS APPLICATION ORDER 12372 PE  a. YES. THIS PRE AVAILABLE PROCESS DATE  b. No.  PROGRA	22nd 22nd SUBJECT TO REVENCESS? APPLICATION/APPLE TO THE STATE EFOR REVIEW ON: 1 ay 8, 200 AM IS NOT COVER GRAM HAS NOT BE	T'S PROJECT:  (ruction)  VIEW BY STATE EXECUTIVE  LICATION WAS MADE  EXECUTIVE ORDER 12372
12. AREAS AFFECTED BY PRO Kern County, California  13. PROPOSED PROJECT  Start Date Ending Date 10/1/08 6/1/09  16. ESTIMATED FUNDING:  a. Federal USDA 515 / HOM! b. Applicant Tax cred. c. Deferred Dev. c. State AHP / MHP d. Local e. Other	1 Housing Program for DJECT (Cities, Counties, St. 14. CONGRESSIONAL DI 2. Applicant 50  3,000, 5,5,Fee 4,467, 5,3,572, 5	1 0 — 4 1 New Construction ates, etc.):  ISTRICTS OF:  000 045 821	b. Project  16. IS APPLICATION ORDER 12372 PE  a. YES. THIS PREAVAILABLE PROCESS  DATE M  b. No. PROGRAFOR REV	22nd 22nd SUBJECT TO REV ROCESS? APPLICATION/APPLE TO THE STATE E FOR REVIEW ON: 1ay 8, 200 AM IS NOT COVER GRAM HAS NOT BE VIEW	T'S PROJECT:  (ruction)  VIEW BY STATE EXECUTIVE  LICATION WAS MADE EXECUTIVE ORDER 12372  8  ED BY E. O. 12372

b. Title

Pres. / Exec. Director - PSCDC

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s. Type Name of Authorized Representative Jack K. Jaynes

d. Signature of Authorized Representative

Standard Form 424 (Rov. 7-97) Prescribed by OMS Circular A-102

5/8/08

c. Telephone Number (858) 847-0280

e. Date Signed

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 5/6/08		Applic	ant Identifier		
1. TYPE OF SUBMISSION:  Application  ☐ Construction  ☒ Non-Construction	Preapplication  Construction  Non-Construc	lion	3. DATE RECEIVED B	Y STATE	State A	Application Identifier	
Ton-Construction			4. DATE RECEIVED B	Y FEDERAL	AGENCY Federa	al Identifier	
5. APPLICANT INFORMAT	ION						
Legal Name Los Angeles County Me	ropolitan Transportati	on Authority	Organizational Unit: Programming	& Policy	Analysis		
Address (give city, state, and zip code):					on matters involving this application (give		
One Gateway P			Kathy Banh				
Los Angeles, California 90012-2952			(213) 922-763	5			
6. EMPLOYER IDENTIFICA 95 - 44 0 19 7			7. TYPE OF APPLICA	NT: (enter app	propriate letter in box	) N	
8. TYPE OF APPLICATION:	ntion 🗵 Revision – A (In	crease of Award)	B County I I C Municipal J D Township K	Private Univ Indian Tribe	led Institution of Hig ersity		
If Revision, enter appropriate			F Intermunicipal M	E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify)  State Chartered Transit District  9. NAME OF FEDERAL AGENCY: Federal Transit Administration  11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: TE CLEAR  12. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: TE CLEAR  13. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: TE CLEAR  14. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: TE CLEAR  15. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: TE CLEAR  16. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: TE CLEAR  17. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: TE CLEAR  18. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: TE CLEAR  19. DESCRIPTIVE TITLE OF APPLICANTS			
A Increase Award B Dec D Decrease Duration Other		e Duration	-				
			9. NAME OF FEDERAL AGENCY:  Foderal Transit Administration  9. 2000				
10. CATALOG OF FEDERAL	DOMESTIC		11. DESCRIPTIVE TIT	LE OF APPI	LICANTS PROJECT	PATECIA	
ASSISTANCE NUMBER TITLE 49 U.S.C. §	5307/5340		Growing States -	9. NAME OF FEDERAL AGENCY: Federal Transit Administration  11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: A FEDERAL AGENCY: Growing States – PM Rail, CA-90-Y510-02			
12. AREAS AFFECTED BY F	ROJECT (cities, counties,	states, etc.)				and the second	
County of Los A		,					
13. PROPOSED PROJECT	14. CONGRESSIO	NAL DISTRICTS OF					
Start Date	Ending Date	a. Applicant			b. Project		
7/1/06	6/30/09	Districts 24	through 39, and 41		Same as App	plicant	
15. ESTIMATED FUNDING			TION SUBJECT TO REVIEW				
a Federal \$	7,070.563.0		PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE 2372 PROCESS FOR REVIEW ON				
		DATE _					
		ь № □	ROGRAM IS NOT COVERED BY E O 12372				
			OR PROGRAM HAS NOT BI	EEN SELECT	TED BY STATE FOR	R REVIEW	
b Applicant S c State S	.0						
d Local \$	1,767,641.0						
e Other \$	.0						
f Program Income \$	.0	_	,	CANT DELINQUENT ON ANY FEDERAL DEBT?			
g TOTAL \$	8,838,204.0		"Yes" attach an explanation	⊠ Ne	0		
18. TO THE BEST OF MY KNOW GOVERNING BODY OF THE API	LEDGE AND BELIEF, ALL I LICANT AND THE APPLICA	DATA IN THIS APPLICATIO ANT WILL COMPLY WITH	N PREAPPLICATION ARE TRU THE ATTACHED ASSURANCES	E AND CORRI	ECT. THE DOCUMEN' STANCE IS AWARDED	T HAS BEEN DULY AUTHORIZED BY THE	
a Typed Name of Authorized F	epresentative			b Title		c Telephone number	
GLADYS LOWE	Lieba ( Chit	T.		Director Regional Pro	ogram Management	(213) 922-2459	
d. Signature of Authorized Rep	resentative		-	e. Date Signe			

APPLICATION FOR		_			pprovel No. 0348-004:
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED May 7,	2008	Applicant Identifier	
TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	Preapplication  Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction  5. APPLICANT INFORMATION	Non-Construction				
Legal Namo: CIC McFarland Fami	ily Apts., L.P.	······	Organizational Unit: N/A		
Address (give city, county, State,	<del></del>			number of person to be contact	ted on matters involvin
5993 Avenida Encina Carlsbad, CA	ıs, Suite 101		this application (give a Jeff Ragland	erea codo) (760) 456-6000 x	160
6. EMPLOYER IDENTIFICATION	N Nimpeo (Els/)		7 TYPE OF APPLIC	ANT: (enter appropriate letter in	box)
. EMPCOVER IDENTIFICATION		Determined	A. State	H. Independent School Dist.	N
B. TYPE OF APPLICATION:	Continuation	Revision	B. County C. Municipal	State Controlled institution of J. Private University	of Higher Leaming
If Revision, enter appropriate lett	er(s) in box(es)		D. Township E. Interstate F. Intermunicipal	K. Indian Tribe L. Individual M. Profit Organization	
	1			N. Other (Specify) Ltd. Pa	artnership 12 Partnu
· ·	•	,	9. NAME OF FEDER	AL AGENCY:	
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANCE N	IMBED.		Service, Department of Ag	
10. ONINE DI FEDERAL DI		10-415	1 1	The state of the s	
TITLE: Rural Rental	Housing Program for	New Construction	(new affordable	mulitismily don studien	) /
AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Sta	ites, etc.):	1 /	MAY - 9 2008	
Kern County, California	14. CONGRESSIONAL DI	STRICTS OF:	s	TATE CLEARING HOUS	
Start Date   Ending Date	a. Applicant		b. Project		Ε/
10/1/08 6/1/09	50	th		22nd	
15. ESTIMATED FUNDING:	<b>1</b>	UO.	16. IS APPLICATION ORDER 12972 P	I SUBJECT TO REVIEW BY 5' ROCESS?	TATE EXECUTIVE
USDA / HOME	3,300,00	•		APPLICATION/APPLICATION	
b. Applicant Tax credi Deferred Dev. Fed c. State	1 // / / /	1		.E TO THE STATE EXECUTIVE S FOR REVIEW ON:	ORDER 123/2
AHP / MHP	3,770,82		DATE	May 9, 2008	
e. Other	s	QA.	_	AM IS NOT COVERED BY E. C IGRAM HAS NOT BEEN SELEC	
Permanent Loan f. Program Income	1,009,12	2	FOR RE		
		_	17. IS THE APPLICA	NT DELINQUENT ON ANY FE	DERAL DEBT?
G. TOTAL	12,688,49		<del>-</del>	attach an explanation.	☑ No
18. TO THE BEST OF MY KNOW DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE GO	VERNING BODY OF TH	ATION/PREAPPLICA E APPLICANT AND T	TION ARE TRUE AND CORRE THE APPLICANT WILL COMPL	CT, THE Y WITH THE
a. Typo Name of Authorized Rep Jack K. Jaynes	resentative	b. Title Pres. / Exec. Direc	tor - PSCDC	c. Telephone Number (858) 847-0280	***************************************
Signature of Authorized Repre	sentative		-	e. Date Signed 5/7/68	
Drovide Ming College Line Alia					

&

Application fo	or Federal Assis	stance SF-424		Version 02			
16. Congression:	al Diatricta Of:						
a. Applicant	23rd		* b. Program/Project 23rd				
Attach an addition	nal list of Program/Pro	oject Congressional Districts If ne	eeded.				
	Add Attachments (2000), Associated (2000), associat						
17. Proposed Pro	oject:	-					
a. Start Date:	08/01/2008		* b. End Date: 07/31/2009				
19. Estimated Fu	ınding (\$):						
a. Federal		207,439.00					
* b. Applicant		9,902.00					
° c. State		0.00	RECEIVED				
* d. Local		0,00					
* e. Other		0.00	MAY 1 2 2008				
f. Program Incom	me	0.00	STATE CLEARING HOUSE				
*g. TOTAL		217,341.00	STATE CLEARING HOUSE				
* 20, is the Appli Yes  21. "By signing therein are true, of	No his application, I ca	Any Federal Debt? (If "Yes",  Consideral  Intify (1) to the statements contrate to the best of my knowled	ntained in the list of certifications** and (2) that the atatements dge. I also provide the required assurances** and agree to				
			that any faise, fictitious, or fraudulent statements or claims .S. Code, Title 218, Section 1001)				
☑ "IAGREE							
** The list of certif specific instruction		ces, or an internet site where you	ou may obtain this list, is contained in the announcement or agency				
Authorized Repr	esentative:						
Prafix:		First Name:		** h-#yr-#4: 41 MA C \$800 (1)			
Middle Name:	1						
Last Name;	lopwood						
Suffix:	Suffix:						
* Tille: Sponsor	*Title: Sponsored Projects Officer						
* Telephone Numb	per: 805-893-6630		Fax Number;				
• Email: propos	sals@research.ucsb.	edu					
* Signature of Auti	horized Representation	Completed by Grants,gov upon au	ubmission. * Date Signed: Completed by Grants.gov upon submission.				

	Sign States				
Application for Federal Assi	stance SF-424	a company	Version 02		
" 1. Type of Submission:	" 2. Type of Application:	"If Revision, select appropriate letter(s):			
Preapplication	Now				
Application	Continuation	" Other (Specify)			
Changed/Corrected Application	Revision				
* 3. Date Received:	4. Applicant Identifier:				
Completed by Grants gov upon submission,			1		
	la	2.55 Fardard Award Idonal floor	J		
5a. Federal Entity Identifier:	,	* 5b. Federal Award Identifier:	I		
Management of the second	**************************************				
State Use Only:					
6. Date Received by State:	7. State Applicatio	n Identifier:			
B. APPLICANT INFORMATION:			RECEIVED		
* a. Legal Name: The Regents of the	University of California		MAY 1 2 2008		
► b. Employer/Taxpayer Identification	Number (EIN/T(N):	* c, Organizational DUNS:			
95-6006145W		094878394	STATE CLEARING HOUSE		
d. Address:		al beautiful and a second second	A Section of the Conference of		
* Street1: 3227 Cheadle H					
Street2:	(1984) 18 (1 ) 4 (1 ) (1 ) (1 ) (1 ) (1 ) (1 ) (1				
* City: Santa Barbara					
County:					
* State:		CA: California	***************************************		
Province:					
Country:		USA: UNITED STATES			
* Zlp / Postal Code: 93106-2060					
e. Organizational Unit:		Account of the second of the s			
Department Name:		Division Name:			
	11 300 to 400				
f. Name and contact information of	person to be contacted on	matters involving this application:			
Prefix:	* First Nan	ne: Heather			
Middle Name:					
Last Name: Philips	1 10 10 10 10 10 10 10 10 10 10 10 10 10				
Suffix;					
Titla: Contracts & Granta Analyst					
Organizational Affiliation:		- The state of the			
- Barrana Miliana					
* Telephone Number: 805-893-5922		Fax Number:			
Email: heather@education.ucab.e	du				

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
H: Public/State Controlled Inatitution of Higher Education	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
Other (specify):	<u></u>
V.C. Name of Coderal Agency	
* 10. Name of Federal Agency:	
U.S. Department of Education	The second secon
11. Catalog of Federal Domestic Assistance Number:	RECEIVED
84.184	I COLIVED
CFDA Title:	MAY 1 2 2008
Safe and Drug-Free Schools and Communities_National Programs	
	STATE CLEARING HOUSE
* 12. Funding Opportunity Number:	THE STORY CHILDREN WAS ASSESSED. THE STORY CHILDREN WAS ASSESSED.
ED-GRANTS-040108-001	
Models of Examplary, Effective, and Promising Alcohol or Other Drug CFDA Number 84.184N	
13. Competition Identification Number:	
84-184N2008-1	
Title:	
14. Areas Affected by Project (Cities, Counties, States, etc.):	
This project will affect UCSB, other UC campuses and other universities across the state and the nation.	
* 15. Descriptive Title of Applicant's Project:	
UCSB CASE: Implementing and Evaluating a Model Program to Raduca High-Risk Drinking on College Cam	pusas
Attach supporting documents as specified in agency instructions.	
ANALYST CONTROL OF CONTROL OF ANALYST CONTROL OF CONTRO	

APPLICATION FOR					Version 7/03		
FEDERAL ASSISTANCE	<b>E</b>	2. DATE SUBMITTED	Pevised May 1 2008)	Applicant Iden	tifier		
1. TYPE OF SUBMISSION: Application	Pre-application	February 11, 2008 (Revised May 1, 200 3. DATE RECEIVED BY STATE		State Applicati	on Identifier		
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	er DEOEN/ED		
Non-Construction  5. APPLICANT INFORMATION	Non-Construction				RECEIVED		
Legal Name:	<u> </u>		Organizational Uni	t:	MAY 1 2 2008		
County of Plumas			Department: Plannir	na	WIP(1 1 2 LOOC		
Organizational DUNS:			Division:		STATE CLEARING HOUS		
01-099-7419 Address:					son to be contacted on matters		
Street: 520 Main Street, Room 309			involving this appli Prefix: Mr.	First Name: Jack	a code)		
City: Quincy			Middle Name				
County: Plumas			Last Name Ingstad				
State: California	Zip Code 95971		Suffix:				
Country:	00071	•	Email:				
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		jackingstad@county Phone Number (give		Fax Number (give area code)		
94-6000528	• •		(530) 283-6315		(530) 283-6288		
8. TYPE OF APPLICATION:	<u></u>		7. TYPE OF APPLICANT: (See back of form for Application Types)				
□ Ne		n Revision	B. County				
If Revision, enter appropriate let (See back of form for description	tter(s) in box(es) n of letters.)		Other (specify)				
Other (specify)			9. NAME OF FEDERAL AGENCY: Federal Aviation Administration				
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	CE NUMBER:	11. DESCRIPTIVE	TITLE OF APPLI	CANT'S PROJECT:		
TITLE (Name of Program): Airport Improvement Program  12. AREAS AFFECTED BY PR Chester, Plumas County, Calife	ROJECT (Cities, Counties	2 0 - 1 0 6 s, States, etc.):	Hold Short Lin Pavement Evalu	noval, Closure Ma nes ation and Pavem	ent Management Plan - Rogers boort, Gansner Field		
13. PROPOSED PROJECT	лиа ————————————————————————————————————		14. CONGRESSION	AL DISTRICTS	OF:		
Start Date:	Ending Date:		a. Applicant	IAE DIGITIONS	b. Project		
2008 15. ESTIMATED FUNDING:	2008		02	M CUID LECT TO	02 REVIEW BY STATE EXECUTIVE		
			<b>ORDER 12372 PRO</b>	CESS?			
a. Federal \$		184,300	a. Yes. 12 AVAILA	BLE TO THE ST.	WAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372		
b. Applicant \$		5,092		SS FOR REVIEV	V OIV		
c. State	- <del>_</del>	4,608	DATE:	May 5, 2008			
d. Local \$		0 .00	b. No. 🞵 PROGR	AM IS NOT COV	ERED BY E. O. 12372		
e. Other	3	0 ,	OR PRO		T BEEN SELECTED BY STATE		
f. Program Income \$		0 .			NT ON ANY FEDERAL DEBT?		
g. TOTAL \$		194,000	Yes If "Yes" attac	ch an explanation	n. 🗷 No		
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF					
a. Authorized Representative			is 42 = 21	le Name			
Mr. Last Name	First Name Jack		Suffix		·		
Ingstad							
b. Title County Administrative Officer			c. Telephone Number (give area code) (530) 283-6315				
d. Signature of Authorized Repr	·	e. Da	te Signed 5				
Previous Edition Usable Authorized for Local Reproducti	ion				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102		

APPLICATION FOR		O DATE CHEMITTED		Applicant Iden	tifior	Version 7/03	
FEDERAL ASSISTANC	E		(Rev. May 1, 2008)				
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY		State Application Identifier			
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	fier	RECEIVE	
Non-Construction  NON-CONSTRUCTION  NON-CONSTRUCTION	Non-Construction			·		1111/ 1 0:00	
egal Name:			Organizational Unit			MAY 1 2 20	
County of Plumas			Department: Planning	g	Ŀ		
Organizational DUNS: 01-099-7419			Division:		.   5	STATE CLEARING I	
Address:			Name and telephone	e number of per	rson to be	contacted on matters	
street: 20 Main Street, Room 309		•	involving this applic	First Name:	a code)	· -	
City:			Mr. Middle Name	Jack			
Quincy County:			Last Name				
lumas tate:	Zip Code		Ingstad Suffix:				
Country	95971		Email:		-		
ountry: USA	ON MUMPER (CAR)		jackingstad@county		East Minaria	hor (give oraș sada)	
. EMPLOYER IDENTIFICATI			Phone Number (give area code) Fax Number (give area code)				
94-600052 TYPE OF APPLICATION:	8		530-283-6315 (530) 283-6288  7. TYPE OF APPLICANT: (See back of form for Application Types)				
□ Ne	ew 🔲 Continuation	on 🔽 Revision	B. County			,,,,p,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Revision, enter appropriate le see back of form for descriptio	etter(s) in box(es)		Other (specify)				
Other (specify)			9. NAME OF FEDERAL AGENCY: Federal Aviation Administration				
0. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:	11. DESCRIPTIVE T		CANT'S PI	ROJECT:	
ITLE (Name of Program): Airport Improvement Program  AREAS AFFECTED BY Place  Beckwourth, Plumas County, (	ROJECT (Cities, Countie	s, States, etc.):		idy/Obstruction F			
3. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS	OF:		
tart Date:	Ending Date:		a. Applicant		b. Project		
008 5. ESTIMATED FUNDING:	2008		16 IS APPLICATION	SUBJECT TO	<u></u>	02 BY STATE EXECUTIVE	
		00	ORDER 12372 PROC	ESS?		TION WAS MADE	
	• • • • • • • • • • • • • • • • • • •	43,700	_ a. Yes. 📂 AVAILAB	LE TO THE STA	ATE EXEC	UTIVE ORDER 12372	
. Applicant		1,208	PROCES	S FOR REVIEW	V ON		
State	3	1,092	DATE: N	1ay 5, 2008			
Local	<u> </u>	0 .	b. No. D PROGRA	M IS NOT COV	ERED BY	E. O. 12372	
Other	<u>,                                      </u>	0 .	OR PRO		T BEEN SE	ELECTED BY STATE	
Program Income	<b>B</b>	0.	17. IS THE APPLICA		NT ON AN	Y FEDERAL DEBT?	
. TOTAL	В	46,000	Yes If "Yes" attacl	n an explanation	ı <b>.</b>	<b>ℤ</b> No	
8. TO THE BEST OF MY KNOCUMENT HAS BEEN DULY	Y AUTHORIZED BY THE	F, ALL DATA IN THIS API					
Authorized Representative			Middle	Name			
refix r. ast Name	First Name Jack		Suffix				
gstad							
o. Title County Administrative Officer			c. Telephone Number (give area code) 530-283-6315				
I. Signifuge of Authorized Representative			e. Date	e Signed	5 -9 -	08	
vious Edition Usable uthorized for Local Reproduct						d Form 424 (Rev.9-2003) d by OMB Circular A-102	

APPLICATION FOR		All X			Version 7/03	
FEDERAL ASSISTANC	E	2. DATE SUBMITTED 05-14-08		Applicant Iden 08-288	tifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	Y STATE	State Applicati	ion Identifier	
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL ACENCY	Federal Identif	fior	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCT	COSTAL IOSTICI	,, <u>,</u> ,,,	
Non-Construction 5. APPLICANT INFORMATION	Non-Construction					
Legal Name:			Organizational Únic	!!		
Cal Poly Corporation			Department: Agi	ribusiness		
Organizational DUNS:	02-932-6246		Division:	ture Food & Er	nvironmental Sciences	
Address:	J2-932-02+0		Name and telephor	e number of pe	rson to be contacted on matters	
Street: One Grand Avenue			involving this application (give area code)  Prefix: First Name:			
			Dr.		nn   RECEIVE	
City: San Luis C	Obispo	•	Middle Name		- OLIVE	
County: San Luis (			Last Name Hamilt	on	MAY 1 3 200	
State: CA	Zip Code 93407-	0001	Suffix:			
Country:	33407-	0001	Email:		STATE GLEARING HO	
USA 6. EMPLOYER IDENTIFICATION	TAL NUMBER (GIAI):		Ihamilto@calpoly. Phone Number (give		Fax Number (give area code)	
l			(805) 756-5032	area cove)	,	
95-1648180 8 TYPE OF APPLICATION:	<u> </u>		, ,	ANT: (Occ book	(805) 756-5040 of form for Application Types)	
8. TYPE OF APPLICATION.	w	n 🌇 Revision		•		
If Revision, enter appropriate let (See back of form for description	tter(s) in box(es)	THOUGHT AND THE	State Controlled Institution of Higher Learning     Other (specify)			
Other (specify)			9. NAME OF FEDER	AL AGENCY:		
10. CATALOG OF FEDERAL			U.S. Departmen	nt of Agriculture,	Rural Development	
TITLE (Name of Program); Rural Business Enterprise ( 12. AREAS AFFECTED BY PR California Central Coast & Can	ROJECT (Cities, Countles	1 0 - 7 6 9 s, States, etc.):	Increasing Renew	able Energy Ad	doption in California Agriculture	
13. PROPOSED PROJECT			14. CONGRESSION	AL DISTRICTS O	OF:	
Start Date:	Ending Date:	· · · · · · · · · · · · · · · · · · ·	a. Applicant		b. Project	
08/01/08 15. ESTIMATED FUNDING:	07/31/09				CA-23, CA-18 thru CA-22 REVIEW BY STATE EXECUTIVE	
			ORDER 12372 PROC	ESS?		
a. Federal \$		34,800	_ a. Yes. MALAI	BLE TO THE STA	/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant \$		24,436	PROCE	SS FOR REVIEW	VON	
c. State . \$	-	26,289	DATE: (	05/13/08		
d. Local \$		.00	b. No. ( PROGR.	AM IS NOT COV	ERED BY E. O. 12972	
e. Other \$	~~~	UG	OR PRO		T BEEN SELECTED BY STATE	
f. Program Income \$					NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		85,525 ·	☐ Yes If "Yes" attac	h an explanation	. <b>Ø</b> No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF	PLICATION/PREAPPL THE APPLICANT AND	ICATION ARE TO THE APPLICAT	RUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a, Authorized Representative Prefix	First Name		Middle	∍ Name		
	Xenia			E.		
Last Name Bixler		<b>3</b> 00 A	Suffix			
b. Title Director, Grants Development				c. Telephone Number (give area code) 805-750-2982		
d. Signature of Authorized Repre		e, Dal	e. Date Signed 5/12/08			
Previous Edition (Usa)(16 Authorized for Local Reproduction	on				Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

Application for Federal Assistance SF-424							
Preapplication	If Revision, select appropriate letter(s): Other (Specify)						
* 3. Date Received;  Completed by Grants,gov upon submission.  4. Applicant Identifier:							
5a. Federal Entity Identifier:	"5b. Federal Award Identifier: RECEIVED						
State Use Only:	MAY 1 3 2008						
6. Date Received by State: 7. State Application I	dentifier: STATE CLEARING HOUSE						
8. APPLICANT INFORMATION:	- William And Bridge Co.						
*a. Legal Name: Southern California Presbyterian Hom	es						
* b. Employer/Taxpayer Identification Number (EIN/TIN):  95-1694293	* c. Organizational DUNS:						
d. Address:							
Street1: 516 Burchett Street Street2:							
"Clly: Glendale							
County:							
Province:	CA: California						
* Country:	UBA: UNITED STATES						
* Zip / Postal Code: 91203							
e. Organizational Unit:							
Department Name:	Division Name:						
Affordable Housing	Corporate Office						
f. Name and contact information of person to be contacted on matters involving this application:							
Prefix: Mz. First Name: Sally Middle Name:							
*Last Name: Little							
Suffix:							
Title: Vice President, Affordable Housing							
Organizational Affiliation:							
*Telephone Number: (818) 247-0420	Fax Number: (618) 247-3871						
*Email: sallylittle@scphs.com							

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 50103 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	
* Other (specify):	
* 10. Name of Federal Agency:	
US Department of Housing and Urban Development	
11. Catalog of Federal Domestic Assistance Number:	
14.157	
CFDA Title:	
Supportive Housing for the Elderly	
* 12. Funding Opportunity Number:	
FR-5200-N-26	
* Title:	
Section 202 Supportive Housing for the Elderly Program	
13. Competition Identification Number:	
8202-26	
Title:	
<u> </u>	
AA Area Afficient for Declarat (Cities Counties States etc.)	
14. Areas Affected by Project (Cities, Counties, States, etc.):  City of Clovis, County of Fresno, State of California	
City of Clovis, County of Flesho, State of California	
* 15. Descriptive Title of Applicant's Project:	
Construction and management of a 60 unit affordable housing community for low income seniors in	
the City of Clovis, to be developed under the Section 202 Supportive Housing for the Elderly program.	
Attach supporting documents as specified in agency instructions.	
NAME AND STREET	
The second control of	

Application	for Federal Assistan	ce SF-424				Version 02		
16. Congressional Districts Of:								
* a. Applicant	27		₹ b.	Program/Project	21			
Attach an addlt	onal list of Program/Project	Congressional Districts if neede						
		Add Attachment	New Altaction of	Vew Allacom				
17. Proposed	17. Proposed Project:							
* a. Start Date:	07/01/2009			b. End Date;	07/01/2010			
18. Estimated Funding (5):								
* a. Federel		8,728,954.00						
b. Applicant		25,000.00						
~ c, State		0.00						
* d. Local		1,000,000.00						
e. Other		0.00						
*f. Program Inc	:ome	0.00						
* g. TOTAL		9,753,954.00						
b. Program		ole to the Stale under the Exe but has not been selected by 2372.			lew on 5/13/2008 .			
* 20. is the Ap	Plicant Delinquent On An	y Federal Debt? (If "Yes", pr	ovide explanation.	)				
21. "By signing this application, I certify (1) to the statements contained in the list of certifications" and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances" and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictilious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)  **   AGREE  ** The list of certifications and assurances, or an internet site where you may obtain this ilst, is contained in the announcement or agency specific instructions.								
Authorized Representative:								
Prefix:	мв.	* First Name:	Sally					
Middle Name:		•						
* Last Name:	Little		550					
Suffix:								
* Title: Vice President, Affordable Housing								
* Telephone Number: (818) 247-0420 Fax Number: (818) 247-3871								
* Email: sallylittle@scphs.com								
* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.								

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Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

Application for Federal Assist	lance SF-424		Version 02
*1. Type of Submission:  Preapplication  Application  Changed/Corrected Application	* 2. Type of Application:  X New Continuation Revision	* If Revision, solect appropriate letter(s):  * Other (Specify)	
*3. Date Received:   Completed by Grante you upon submission	4. Applicant identifier:		
5a. Federal Entity Identifior:		* 5b. Foderal Award Identifier:	
State Use Only:			RECEIVED
6. Date Received by State:	7. State Application	Identifior:	- MAY 1 3 2008
8. APPLICANT INFORMATION:			STATE CLEARING HOUSE
	ersity of California	10.00	STATE OLL/IIII
* b. Employer/Taxpayor Identification No. 94-1196525	umber (EIN/TIN):	* c. Organizational DUNS:	
d. Address:			
*Street2:  *City: Son Rafact  County:	oung		
* State:		CA: California	
* Country: 94901-2298		USA: UNITED STATES	
a. Organizational Unit:			
Department Name:		Division Name:	
f. Name and contact information of			
Profix: Ms.  Middle Name:  *Last Name: Arno  Suffix:	* First Nam	a: Julis	
That Director, Research & Sp	ponsored Programs		
Organizational Affiliation: Dominican University of Cal	ifornia		
*Telophone Number: 415-257-011	1	Fax Number: 415-257	-0162
• Emall: julia-arno@dominican	odu		

Application	for F	ederal Assist	ance SF-424	•							V	ersion 02
16. Congress	16. Congressional Districts Of:											
* a. Applicant	CA	-06				<b>4</b> b	Program/	Project 1	0.9			
Attach an addi	tional lia	of Program/Proj	ect Congressional Distri	cts If need	ed.				_			
			Add Altachmer		elete Alla	chment	View	Attachment	<u> </u>			
17. Proposed Project:												
* a. Start Date:	10/0	1/2008					* b. E	nd Dalo: 0	9/30/20	09		
18. Estimated Funding (\$):												
* a. Federal			60,000.00									
* b. Applicant	Ō		0.00									
* c. State			0.00									
d. Local	Ī		0.00	ĺ								
* a. Other	Ī		0.00	j								
*f. Program in	icoma [	. ,	0.00	İ								
g. TOTAL	ĺ		60,000.00	j								
🗶 a. This ar	* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?   ☑ a. This application was made available to the State under the Executive Order 12372 Process for review on  ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.  ☐ c. Program is not covered by E.O. 12372.											
	-	•	Any Federal Debt? (If	"Yes", pr	rovide ex	planation.	)					
Yes		No	Explanation									
herein are tricomply with a subject me to	ue, com any rost o crimina E cartificati	plete and acculiting torms if i ai, civil, or admi	ertify (1) to the staten trate to the best of a accept an award. I am nistrative penalties. ( cos, or an internet site	ny knowi aware th U.S. Code	edge. 1 a at any fa e, Title 21	ilso provi Iso, fictitio I8, Section	de the re ous, or fra 1001)	equired ass audulent et	surancos* atements	and agree or claims m	to ay	
Authorized R	eproser	itativo:										
Prefix:	Ms.		^ Fig	st Name:	Julia						]	
Middle Name:												
* Last Name:	Arno								_			
Suffix:	מני											
• Title:	ir. Ro	scarch and	Sponsored Program	าห					•			
*Telephone N	umber:	415-257-0141				Fax Num	ber 415	-257-016	2			
*Emall: juli	a.arno	o@dominican.	edu									
* Signature of	Authorize	ed Representative	Campleted by Grants.	los nbau zap	mission.	* Date	Signed:	Completed by	y Grants.gov	upon submission		

APPLICATION FOR FEDERAL ASSISTANCE	CE SF-424		Version 02
1. Type of Submission:    Preapplication   X   Application	2. Type of Applicati		appropriate letter(s)
Changed/Corrected Application	X Revision		RECEIVED
3. Date Received.		4. Applicant Identifier:	MAY 1 3 2008
5a. Fed Entity Identifier:	<b>,</b>	5b. Federal Award Identifier: R021438	STATE CLEARING HOUSE
Stale Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:		4	
a. Legal Name: State of California		Alexander 1	
b. Employer/Taxpayer Identification Number (EIN/TIN 680364962	(I):	c. Organizational DUNS: 002540768	
d. Address;			
Street 1: 1516 Ninth Street MS-1 Street 2: City: Sacramento  unty: Sacramento  State: CA Province: Country: U.S.A. Zip / Postal Code: 95814-6512 e. Organizational Unit:		Division Name	
Department Name:		Division Name: California Energy Commission	
		Camorna Energy Commission	
f. Name and contact information of person to be con	ntacted on matters inv	olving this application:	
Profix: Mr. First Na Middle Name: P. Last Name: Butler Suffix: II Title: Manager	me: John		
Organizational Affiliation:			
elephone Number: (916)654-4204		Fax Number: (916)654-4076	
Email: jbuller@energy.state.ca.us			

APPLICATION FOR FEDERAL ASSISTANCE SF-424	Version 02
9_Type of Applicant:	
A State Government (State)	
10. Name of Federal Agency:	
U. S. Department of Energy	
11. Gatalog of Federal Domestic Assistance Number:	
81.041	•
CFDA Title:	
State Energy Program	
12. Funding Opportunity Number:	
DE-PS26-08NT00284-	
Title:	
Program Year 2008 State Energy Program Formula Grants	
" ompelition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Countles, States, etc.):	
Statewide	
15. Descriptive Title of Applicant's Project;	

16.Congressional Distr	ict Of:	-				
., Applicant: 05				b. Program/Project:	Statewide	
utach an additional lis	t of Program/Projec	t Congressio	nal Districts if	needed:		
7. Proposed Project:						
a. Start Date: 07/01	/2008			b. End Dale:	06/30/2009	
8. Estimated Funding	(\$):					
Federal	2,151,000.00					
Applicant .	430,200.00					
State	1,847,975.98					
Local	0.00					
Other	0.00					
Program Income	0.00					
TOTAL	4,429,175.98					
b. Program is subje	ect to E.O. 12372 but overed by E.O. 1237	has not been	selected by the	State for review.	s for review on: 05/12/2008	
b. Program is subjecting and the subjecting with any resulting subject me to criminal subje	overed by E.O. 12372 but overed by E.O. 1237 nquent On Any Fed ication, I certify (1) te and accurate to the	has not been 2 eral Debt? (If to the statement best of my an award. I ar	selected by the "Yes", provide ents contained knowledge. I a n aware that a	State for review.  e explanation)  in the list of certificatels of the requirement of the	ions** and (2) that the statements ed assurances** and agree to raudulent statements or claims	
b, Program is subject. c. Program is not on the applicant Delia No By signing this applications are true, completed are true, completed and subject me to crimical subject me to crimical subject. AGREE	ect to E.O. 12372 but overed by E.O. 1237 nquent On Any Fed ication, I certify (1) te and accurate to the ing terms if I accept inal, civil, or admini	has not been 2 eral Debt? (If to the statemene best of my an award. I ar	"Yes", provide ents contained knowledge. I n aware that a Ities. (U.S. Cod	State for review.  e explanation)  in the list of certificate also provide the requiremy false, fictitious, or the Title 218, Section 10	ions** and (2) that the statements ed assurances** and agree to raudulent statements or claims	
b. Program is subject. c. Program is not on the applicant Delia No . By signing this application are true, complet mply with any resulting subject me to crimical AGREE. The list of certifications ecific instructions.	ect to E.O. 12372 but overed by E.O. 1237 inquent On Any Fed ication, I certify (1) te and accurate to the ing terms if I accept inal, civil, or admini	has not been 2 eral Debt? (If to the statemene best of my an award. I ar	"Yes", provide ents contained knowledge. I n aware that a Ities. (U.S. Cod	State for review.  e explanation)  in the list of certificate also provide the requiremy false, fictitious, or the Title 218, Section 10	ions** and (2) that the statements ed assurances** and agree to raudulent statements or claims (01)	
b, Program is subject. c. Program is not on the control of the applicant Delin No  By signing this application are true, complet mply with any resulting subject me to crimical AGREE  The list of certifications are fire instructions.	ect to E.O. 12372 but overed by E.O. 1237 nquent On Any Fed ication, I certify (1) te and accurate to the ing terms if I accept inal, civil, or admini	has not been 2 eral Debt? (If to the statemene best of my an award. I an istrative penal	"Yes", provide ents contained knowledge. I n aware that a Ities. (U.S. Cod	State for review.  e explanation)  in the list of certificate also provide the requiremy false, fictitious, or the Title 218, Section 10	ions** and (2) that the statements ed assurances** and agree to raudulent statements or claims (01)	
b, Program is subject. c. Program is not one of the applicant Delia No  By signing this applicate are true, completed are true, completed are true, completed as subject me to crimical subject me to crimical AGREE  The list of certifications decific instructions.	ect to E.O. 12372 but overed by E.O. 1237 nquent On Any Fed ication, I certify (1) te and accurate to the ing terms if I accept inal, civil, or admini	has not been 2 eral Debt? (If to the statemene best of my an award. I ar strative penal	"Yes", provide ents contained knowledge. I a n aware that a lities. (U.S. Coo	State for review.  e explanation)  in the list of certificate also provide the requiremy false, fictitious, or the Title 218, Section 10	ions** and (2) that the statements ed assurances** and agree to raudulent statements or claims (01)	
b. Program is subject. c. Program is not one of the applicant Delia No  By signing this applicated are true, completed are tru	ect to E.O. 12372 but overed by E.O. 1237 nquent On Any Fed ication, I certify (1) te and accurate to the ing terms if I accept inal, civil, or admini	has not been 2 eral Debt? (If to the statemene best of my an award. I ar strative penal	"Yes", provide ents contained knowledge. I a n aware that a lities. (U.S. Coo	State for review.  e explanation)  in the list of certificate also provide the requiremy false, fictitious, or the Title 218, Section 10	ions** and (2) that the statements ed assurances** and agree to raudulent statements or claims (01)	
b. Program is subject. c. Program is not one. c. Is the applicant Deliance. No  By signing this applications are true, complet to any subject me to criminal sub	ect to E.O. 12372 but overed by E.O. 1237 nquent On Any Fed ication, I certify (1) te and accurate to the ing terms if I accept inal, civil, or admini	has not been 2 eral Debt? (If to the statemene best of my an award. I ar strative penal	"Yes", provide ents contained knowledge. I a n aware that a lities. (U.S. Coo	State for review.  e explanation)  in the list of certificate also provide the requiremy false, fictitious, or the Title 218, Section 10	ions** and (2) that the statements ed assurances** and agree to raudulent statements or claims (01)	су
b. Program is subject. c. Program is not one. c. Is the applicant Delin No  By signing this application are true, complete omply with any resulting ay subject me to criminal subject m	ect to E.O. 12372 but overed by E.O. 1237 inquent On Any Fed ication, I certify (1) te and accurate to the ing terms if I accept inal, civil, or admini	has not been 2 eral Debt? (If to the statemene best of my an award. I ar strative penal	"Yes", provide ents contained knowledge. I a n aware that a lities. (U.S. Coo	State for review.  e explanation)  in the list of certificate also provide the requiremy false, fictitious, or the Title 218, Section 10	ions** and (2) that the statements ed assurances** and agree to raudulent statements or claims (01)	Ey
b, Program is subject. c, Program is not contained. Is the applicant Delianous. In the applicant Delianous. Is the	ect to E.O. 12372 but overed by E.O. 1237 inquent On Any Fed ication, I certify (1) te and accurate to the ing terms if I accept inal, civil, or admini	has not been 2 eral Debt? (If to the statemene best of my an award. I ar strative penal	"Yes", provide ents contained knowledge. I a n aware that a lities. (U.S. Coo	State for review.  e explanation)  in the list of certificate also provide the requiremy false, fictitious, or the Title 218, Section 10	ions** and (2) that the statements ed assurances** and agree to raudulent statements or claims (01)	

## APPLICATION FOR FEDERAL ASSISTANCE SF-424

Version 02

Applicant Federal Debt Delinquency Explanation:

following field should contain an explanation if the Applicant is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

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Standard Form 424 (Revised 10/2005) Prescribed by OMB Circular A-102

Application for Fe	ederal Assista	nce SI	-424						V	ersion 02
* 1. Type of Submission Preapplication Application Changed/Correct		∑ N	ew		levision, select appro	priate letter(	(s):			
* 3. Date Received:	pon submission.	4. Appl	icant Identifier:					RECEI	VED	
5a. Federal Entity Identifier:				* 5b. Federal Award Identifier: MAY 1						
State Use Only:					ON THE STATE OF TH		ST	ATE CLEAR	NG HOUSE	-
6. Date Received by Sta	ate:		7. State Application	Ident	tifier:	***************************************				
8. APPLICANT INFOR	RMATION:		<u>!</u>							
* a. Legal Name: Rur	al Community	Assis	tance Corporati	on		*****				
* b. Employer/Taxpayer	r Identification Num	ber (Ell	N/TIN):	I =	c. Organizational Dt 93587368	JNS:				
d. Address:								· · · · · · · · · · · · · · · · · · ·		
Streel2:	: 3120 Freeboard Dr Ste 201  West Sacramento				CA: Califor	rnia				
* Country:			ANYANA		USA: UNITED S	TATES			P-1	
* Zip / Postal Code:	5691								•	
e. Organizational Unit	t:									
Department Name:				Di	vision Name:					
	manufacture de la constitución d			L			~~			1 29.0
f. Name and contact is	information of pe	rson to	be contacted on ma	tters	s involving this ap	oplication:				
Prefix:  Middle Name:  *Last Name: Varca Suffix:	ados	]	* First Name	:	Diana					
Title: Grants and C	Contracts Man	ager								
Organizational Affiliation	n:					Admin.				MATERIAL PROPERTY AND ADMINISTRATION OF THE PROPERT
* Telephone Number:	916/447-9832	x 104	6		Fax Numb	er:				
*Email: dvarcados@	Orcac.org									

Application for Federal Assistance SF-424	Version 02
9. Type of Applicant 1: Select Applicant Type:	
M: Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)	
Type of Applicant 2: Select Applicant Type:	
Type of Applicant 3: Select Applicant Type:	¬
	_
* Other (specify):	
· ·	
* 10. Name of Federal Agency:	
Administration for Children and Families	
11. Catalog of Federal Domestic Assistance Number:	
CFDA Title:	
The state of the s	***
* 12. Funding Opportunity Number:	
HHS-2008-ACF-CONT-OCS-EF	
* Title:	
Continuation for ACF Research & Demo	
13. Competition Identification Number:	
Title:	
14. Areas Affected by Project (Cities, Countles, States, etc.):	
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Nevada, New Mexico, Oregon, Utah, Washington	
* 15. Descriptive Title of Applicant's Project:	
Rural Community Development Activities Program. Provide technical assistance and training for	
water and waste disposal facilities to low-income rural communities.	
Attach supporting documents as specified in agency instructions.	<del></del>
Add Attachments Delete Attachments View Attachments	

Application for Federal Assistance SF-424	Version 02						
16. Congressional Districts Of:							
* a. Applicant CA01 * b. Program/Project Varies							
Attach an additional list of Program/Project Congressional Districts if needed.							
Add Attachment Delete Attachment View Attachment							
17. Proposed Project:							
*a. Start Date: 09/30/2008 *b. End Date: 09/29/2009							
18. Estimated Funding (\$):							
*a. Federal 1,099,500.00							
* b. Applicant							
* c. State							
³ d. Local							
*e. Other							
* f. Program Income							
*g. TOTAL 1,099,500.00							
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?  X a. This application was made available to the State under the Executive Order 12372 Process for review on  b. Program is subject to E.O. 12372 but has not been selected by the State for review.  c. Program is not covered by E.O. 12372.							
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)							
Yes No Explanation							
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)  **   AGREE  ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.							
Authorized Representative:							
Prefix: *First Name: Stanley							
Middle Name:							
*Last Name: Reasling							
Suffix:							
*Title: Chief Executive Officer							
*Telephone Number: 916/447-9832 x 1002 Fax Number:							
*Email: skeasling@rcac.org							
* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.							

	2. DATE SUB	MITTED		Appl	cant identifier	
APPLICATION FOR FEDERAL ASSISTANCE						
SF 424 (R&R)	3. DATE RECI	EIVED BY STATE		State	Application identifier	
1. * TYPE OF SUBMISSION	4. Federal Ide	natifica				-
Pre-application Application Changed/Corrected Application	DE-FG02-92E				:	
5. APPLICANT INFORMATION		* Organ	zational i	DUNS:	92530369	
* Legal Name: The Regents of the University of Californ	nia	-	-			]
Department: Office of Contract & Grant Adm	Division: U	CLA			RECEIVED	
* Street1: 11000 Kinross Avenue, Suite 102	Street2:				MAY 1 4 2222	
* City: Los Angeles Cou	nly: Los Angele	as .		* State:	CA: Californ 1 4 ZUU8	
Province:	Country: JNIT	ED ST - 2 P / Postal	Code: 90	0095-1406	STATE CLEARING HOUSE	_
Person to be contacted on matters involving this application	tion				Notice the second of the secon	
Profix: * First Name:	Middle Name:		* La	st Name:	Suffix:	_
Ms. Kristin			Lunc	<u> </u>		
• Phone Number: 310-794-0171 Fa	ax Number: 310	0-794-0631		Email: k	und@resadmin.ucla.edu	]
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APP	LICANT:			
1956006143A1		H; Pc	blic/State	Controlle	Institution of Higher Education	
8. * TYPE OF APPLICATION: V New		Other (Specily):				
Resubmission Renewal Continuation	Revision	Women Owned	Sma	III Businer	Organization Type Socially and Economically Disadvanta	ged
If Revision, mark appropriate box(es).		9. * NAME OF FEDI	ERAL AGE	ENCY:		
A. Increase Award B. Decrease Award C. Inc	rease Duration	Chicago Service Ce	nter			
D. Decrease Duration E. Other (specify)		10. CATALOG OF	FEDERAL	DOMEST	IC ASSISTANCE NUMBER:	
" Is this application being submitted to other agencies?	Yes∏ No <b></b>	81.04	49			
What other Agencies?		TITLE: Office of S	cience Fir	nancial As	sistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJEC	T:					
Supplemental Funding Proposal for Advanced Accelera	tors and Beam P	hysics Research at L	JCLA		:	
12. * AREAS AFFECTED BY PROJECT (cities, counties Los Angeles, CA	s, states, etc.)					
13. PROPOSED PROJECT:		14. CONGRESSION	VAL DISTI	RICTS OF		
* Start Date * Ending Date	_	a. * Applicant			b. * Project	_
11/01/2007 10/31/2008		CA-030	-		CA-030	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR	CONTACT INF	ORMATION				
Prefix: * First Name: Prof. James	Middle Name:			st Name: enzweig	Sulfix:	7
Position/Title: Professor of Physics & Astronomy	* Organization	n Name: The Rege			of California	]
Department: Physics and Astronomy	Division:	UCLA				ن
* Street1: 475 Portala Plaza	Street2:	COLA				
	Inty: Los Angelo			• States	CA: Californ	
	-	ED ST ZIP / Po	stal Code	اـــــا		
	- July Jill			20000	7.	

SF 424	SF 424 (R&R) APPLIC. IN FOR FEDERAL ASSISTANCE									Page 2		
16. ESTIMATED	PROJECT FUNDING	-		A 20 CO	IS APPLICATION RDER 12372 PR		T TO T	EVIEW BY	STATE E	XECUTIVE		
a * Total Estimat	ted Project Funding	60,000.00		a. YE	a. YES THIS PREAPPLICATION/				APPLICATION WAS MADE TE EXECUTIVE ORDER 12372			
b. * Total Federal	& Non-Federal Funds	60,000.00		PROCESS FOR REVIEW					VE ONDE	1 12372		
c. * Estimated Pr	ogram Income	0.00		DAT	E: 05/13/2008							
				<sup>⊥</sup> b. №	PROGRA	M IS NOT	COVE	ED BY E.	O. 12372; C	OR .		
					PROGRA	M HAS NO	OT BEE	N SELECT	ED BY ST	ATE FOR		
true, compi resulting te criminal, ci	this application, I cert ete and accurate to ti rms if I accept an aw. vii, or administrative  * I agree riffications and assurances.	ne beat of my kn ard. I am aware penalties. (U.S. 0	owledge. I al that any falso Code, Title 18	so prov s, fictitio s, Sectio	de the required ous, or fraudule n 1001)	assuranc nt atateme	es ' ar	d agree to claims m	o comply v ay subject	with any me to		
19. Authorized	Representative							:				
Prefix: * F	irst Name:		Middle Name:	2.50.5		* Last N	lame:			Suffix:		
Ms. Kri	stin					Lund		<del> </del>				
* Position/Title:	Grant Analyst		* Organiza	ation: T	he Regents of the	University	of Cali	ornia	39 34 34 34 34 34 34 34 34 34 34 34 34 34			
Department:	Office of Contract & G	rent Adm	Division:	L	CLA							
* Street1:	11000 Kinross Avenue	, Suite 102	Street2:				[					
* City: Los An	geles	Сои	nty: Los Ang	eles		•	State	CA: Calif	orı			
Province:		*	Country: JN	ITED ST	* ZIP / Posta	l Code: 9	0095-1	108				
* Phone Number	r: 310-794-0171	Fax	Number: 31	0-794-06	31	• Em	ail: K	und@resac	dmin.ucla.e	du		
	* Signature of Author	AND THE PROPERTY OF THE PROPER				0	I	e Signed	Occasio and			
	Completed on submis	ssion to Grants.go	<u> </u>			Completed	on sub	masion to	Grants.gov			
20. Pre-applica	ation					Add Allaat	nment	1				
21. Attach en	additional list of Proje	ct Congressions	al Districts if	needed.				1				
		Add Attach	ment	n Mar.	. क्षतः दिल्लाम्	y'r sag		i				

APPLICATION FOR					2. Date Submitted (mm/dd/yyyy) May 13, 2008								
FEDERAL ASSISTA	NCE			<b>—</b>					B-08-MC-0575				
Type of Submission     Application	Pri	applicati	on	3. Date Rec	selved by	State (	(mm	/dd/ <b>yyyy)</b>	State Applicant Identifi	ler			
Construction		Conetructo	on	4. Date Rec	elved by	Federa	a) A	gency (mm/dd/yyyy)	Federal Identifier				
Non-Construction	Non-Construction Non-Construction												
5. APPLICANT INFORMATIO	N			FOF	\ / -	<u> </u>							
Lagal Name:			H					Organizational Unit;					
City of VIsta			l .		2000			Municipal Government					
Address (give city, county, state, an	nd zip dode):			WAY 1-4	7,000		П	Name and telephone number of the person to be contacted on matters involving this					
600 Eucalyptus Avent	ue		ļ					epplication (give area code) Cecilia Barandiaran					
Vista, CA 92084			STAT	E CLEARII	NG HO	USE		(760) 726-13					
6. EMPLOYER IDENTIFICATI	ION NUMBE	R (EIN);				******	+	7. TYPE OF APPL	ICANT:	С			
9	5 —	- 2	2 5	9 5	8 5		-	(enter appropriate latter)  A. Stato	•	led institution of Higher Learning			
B. TYPE OF APPLICATION:	<u> </u>	-   2	2 5	9   3	0   0	<u>'</u>	ᅥ	C. Municipal	K. Indian Triba	•			
							1	D. Township	L. Individual				
⊠ N¢w □	Continuation	Revision						E. Intersiate F. Intermunicipal	M. Profit Organiz N. Nonprofit	ration			
   If Revision, enlar appropriate fetter(a	i) in box(es):		ſ					G. Special District	O. Public House	ng Agency			
A. Increase Award	B. Decrees	Aword	C. Ingres	se Durellon				H. indopendent 8ch	ool Olst. P. Olher (Specify)				
D. Decrease Durallon Other (spealfy):							ļ	9. NAME OF FEDI	ERAL AGENCY;				
,, ,,								Housing and	l Urban Developn	nent Department			
10. CATALOG OF FEDERAL			1	4	2	1 8	11 DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:						
ASSISTANCE NUMBER: (XX-1939)					_	۱   ۲	<b>'</b>		de the continued fulles, aconomic deve	inded public elopment activities,			
TITLE: Community [	Developi	ment E	lock G	rant	•				inistration, fair hous al CIP project targe				
12. AREAS AFFECTED BY P	ROJECT (cl	Ľes, cour	tios, state	a, afc.):					ilk, and lighting imp	-			
							- 1		ralified low- and moderate-income areas.				
City of Vista								•					
13. PROPOSED PROJECT:			14. CON	GRESSIONAL	L DISTRIC	TS OF	<u> </u>		, <del>-</del>				
Start Date	Ending Date		a. Applica	ant					b. Project				
(mm/dd/yyyy)	(mm/dd/yyyy		49 <sup>th</sup> C	ongressio	nal Dis	trict			49 <sup>th</sup> Congressiona	Il District			
7/1/08 15. ESTIMATED FUNDING:	6/30/09						^A T	YON SUBJECT TO I	REVIEW BY STATE EXEC				
					PROCE	997							
e. Federal			71,230					ORDER 12372 PROCE	TION WAS MADE AVAILABLE 88 FOR REVIEW ON:	TO THE			
b. Applicant		\$			DATE (F	nm/dd/yy	<b>(YY</b>		05/1 <b>4/2</b> 00B				
c, State		\$			1			-		_			
d. Local		\$ 		·	b. NO.		PI	ROGRAM IS NOT COV	ERED BY E.O. 12372				
e. Other					OR		]PF	QOGRAM HAS NOT BE	EN SELECTED BY STATE POF	REVIEW			
f. Program Income \$ 17.						THE AP	PL	ICANT DELINQUEN	T ON ANY FEDERAL DEE	_			
g. TOTAL			71,239		☐ Y64			If "Yee," altach an explo		No			
18. TO THE BEST OF MY KNOWLEDGE ALL TO THE BUST OF MY KNOWLEDGE ALL TO THE STATE OF	and Belief, All Y of the Applic	NT NI ATAD.	e application	oniprbapplication Twill comply wi	ON ARE TRU	E AND GO	IRRE BBUI	CT. THE DOCUMENT HAS RANGES IF THE ABSISTAN	BEON DULY CE 16 AWARDEO.				
8. Typed Name of Authorized Repre	sentative							o. Tide		c. Telephone number			
Rita L. Geldert							$\mathbf{L}^{\mathbf{c}}$	City Manager		(760) 639-6131			
d. Signature of Asthorized Represer	Maliva		) Ild	int					_	e. Date Signed 05/13/2008 May 13, 2008			

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Standard Form 424 Prescribed by OMB Circular A-10

				1					
APPLICATION FOR		8			Version 7/03				
FEDERAL ASSISTANCE	E	2. DATE SUBMITTED May 14, 2008		Applicant Idea	ntifier				
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applica	tion Identifier				
Application	Pre-application	4. DATE RECEIVED BY	FEDERAL AGENCY Federal Identifier						
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	rederal ident	nier				
Non-Construction 5. APPLICANT INFORMATION	Non-Construction								
Legal Name:	•	_	Organizational Unit:						
Yuba-Sutter Economic Develop	oment Corporation		Department:						
Organizational DUNS: 120321596			Division:						
Address:	<del></del>		Name and telephone	number of pe	erson to be contacted on matters				
Street:			involving this applic		ea code)				
1227 Bridge Street, Suite C			Prefix: Mr.	First Name: Stephen					
City: Yuba City			Middle Name	•					
County: Sutter		·	Last Name Brammer						
State: California	Zip Code 95991		Suffix:						
Country: U.S.			Email: sbrammer@ysedc.or	n.					
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):		Phone Number (give a		Fax Number (give area code)				
68-0342145			530-751-8555 x 101		530-751-8515				
8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	ANT: (See bac	k of form for Application Types)				
If Revision, enter appropriate let		n 🗌 Revision	O. Not for profit						
(See back of form for description	n of letters.)		Other (specify) Economic Development District						
Other (specify)			9. NAME OF FEDERAL AGENCY: U.S. Department of Commerce, Economic Development Administration						
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:						
		1 1-3 0 2	Five-Year Regional P	artnership Stra	tegy				
TITLE (Name of Program): Section 209 Economic Adjustm	ent Assistance								
12. AREAS AFFECTED BY PR		s, States, etc.):	-						
Yuba and Sutter counties; cities	s of Marysville, Yuba City	, Live Oak and Wheatland	d l						
13. PROPOSED PROJECT		-	14. CONGRESSIONA	L DISTRICTS	OF:				
Start Date:	Ending Date: June 30, 2009		a. Applicant District 2		b. Project District 2				
July 1, 2008  15. ESTIMATED FUNDING:	Julie 30, 2009		(T) (1) (T) (T) (T) (T) (T) (T) (T) (T) (T) (T	SUBJECT TO	REVIEW BY STATE EXECUTIVE				
a. Federal \$		00	ORDER 12372 PROC		N/APPLICATION WAS MADE				
b. Applicant \$		54,000	a. Yes. 🛍 AVAILAB		ATE EXECUTIVE ORDER 12372				
c. State \$5	RECEN	18,087	DATE: M	ay 12, 2008					
d. Local \$	AEO.	5008 / 100	DECCEAMIS NOT COVERED BY E. O. 12272						
e. Other \$			D. NO. III		T BEEN SELECTED BY STATE				
	- 1011	NG HOUSE	FOR REV	'IEW	NT ON ANY FEDERAL DEBT?				
	STATE CLEARIN	100	II. IS THE APPLICA	N I DELINQUE	NI ON ANT FEDERAL DEBT?				
g. TOTAL \$		102,037	Yes If "Yes" attach						
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	<b>GOVERNING BODY OF T</b>							
a Authorized December									

a. Authorized Representative			
Prefix Mr.	First Name Stephen	Middle Name	
Last Name Brammer		Suffix	
		c. Telephone Number (give area code) 530-751-8555 x 101	
d. Signature of Authorized Representative		e. Date Signed May 12, 2008	

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Package revised 12	123/03			***	Vers	ion 7/03	
APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED May 22, 2008		Applicant Identifie	Applicant Identifier		
1. TYPE OF SUBMISSION: Application		3. DATE RECEIVED BY STATE		State Application	State Application Identifier		
☐ Construction Preapplication		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	Federal Identifier		
□ Non-Construction □ Construction □ Non-Construction			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
5. APPLICANT INFO		- Constitution					
Legal Name: City of Salinas					Organizational Unit:		
City of Salmas		DEG		Department: P	ublic Works/Airpor	ı	
Organizational DUNS: REC		Division:			,		
Address:		5 2008		Name and telephone number of person to be contacted on			
Street: 30 Mortensen Ave		STATE CLEARING HOUSE		COSTOC COMMENTATIVE RESIDENCE AND RESIDENCE	matters involving this application (give area code)		
30 Mortensen Ave				Prefix: Mr.	Mr. First Name: Gary		
City: City of Salinas		OLLAP	Middle Name:				
County: Monterey				Last Name: Pe	Last Name: Petersen		
State: California Zip Code: 93905				Suffix:			
Country: United States of America					Email: garyp@ci.salinas.ca.us		
6. EMPLOYER IDENTIFIC	CATION NUMBER	(EIN):			ne number (give area code): FAX number (give area code): 831-758-7214 831-759-2518		
8. TYPE OF APPLICAT	ION:				PLICANT: (See back o	f form for Application Types)	
8. TYPE OF APPLICATION:				Other (specify):			
New Continuation Revision  If Revision, enter appropriate letter(s) in box(es): (See back of form for description of letters)				Other (specify).			
Other (specify)							
					DERAL AGENCY		
10. CATALOG OF F	EDERAL DOM	ESTIC ASSISTAN	CE NUMBER	Federal Aviat	ion Administration	ANT'S PROJECT:	
10. CATALOG OF F	EDERAL DOMI	ESTIC ASSISTANC	CE NUMBER 1 0 6	Federal Aviat 11. DESCRIPT Modify/Realign	ion Administration VE TITLE OF APPLIC n Service Road (Desig	ın, Construct); New Taxilane	
10. CATALOG OF FI				Federal Aviat 11. DESCRIPTI Modify/Realign (Construct); R	ion Administration VE TITLE OF APPLIC n Service Road (Desig eplace Beacon (Cons		
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